UNIVERSITY OF BRISTOL — EXPENSE CLAIM FORM

EXP

DEPARTMENT:

PLEASE PRINT CLEARLY

EXP

C L A I M A N T

(Name, Title & **ALL** initials)

Cheques will normally be sent c/o the department named above unless an alternative address is given below.

Post Code:

If this instruction is different to your last claim please tick this box >

Summary of claim: Dates From _____ To _____

Dep't Ref No:

Reason for payment: >>

Charge to GRANT No:

DECLARATION

I declare that the total claimed has been incurred by me solely in the course of the University's business and does not include costs incurred in travelling between my home and normal place of work.
I confirm that I have not claimed any of these expenses before nor will claim them from any other source.
I hereby claim reimbursement.

Signed: _____

Dated:

AUTHORISATION

This claim is correct and in order for payment.

Signed: _____ Unit Head

Dated:

The signatory must be an authorised signatory, and also senior in status to the claimant.

NB	Please give full details over and attach supporting docs	Summary £	p
	Mileage _____ @ _____ p		
	Mileage _____ @ _____ p		
	Other travel		
	Accommodation		
	Subsistence		
	Other incidentals (receipts attached)		
	Telephone (log attached)		
	Postage (log attached)		
	** TOTAL INCURRED £		
	If you received an advance please enter amount >>>>		

Note 1 The University will normally pay second class return fare. Persons travelling by car claim _____ p per mile for the first 50 miles of each journey dropping to _____ p per mile thereafter. (See Financial Regulations)

Note 2 Original receipts should be produced. Credit card vouchers or statements are not accepted as proof by Inland Revenue.

Note 3 Personal expenses (eg Alcoholic drinks) and third party expenses are not allowable

FOR ADMIN USE ONLY

Ext Ref 1	
Ext Ref 2 Order No:	
Ext Ref 3 Other Dep't Ref:	

Charge Codes EL1	EL2	EL3	£	p	Description

Expenses Allowable	Rates / Calculations Correct	TOTAL		
		Must equal total expenses claimed at **		

Initial when checked

For Finance Office use only

Doc Type / Invoice No.

DETAILS OF CLAIM

Date	Route or Destination	Purpose of Journey	No of Car Miles	Other Travel	Costs of Other Travel		Subsistence			Incidental Expenses		
					£	p	Details	£	p	Details	£	p
				TOTAL								