UNIVERSITY OF BRISTOL EXPENSE CLAIM FORM X DEPARTMENT In full: PLEASE PRINT CLEARLY NB: This form is only to be used to claim re-imbursement of personal expenditure in accordance with University of Bristol Financial Regulations. **SURNAME PAYROLL No** Title: CLAIMANT: (In CAPS please) **FIRST NAMES** Cheques for members of staff will only be sent to the department named above. Other claiments should enter their address below. If this instruction is different to your last claim please tick this box > Post Code: Dep't Ref No: Summary of claim: Dates From _____To Reason for payment: >> Charge to GRANT No: Please give full details over Summary **DECLARATION** В and attach supporting docs р declare that the total claimed has been incurred by me Travel Miles claimed to date since solely in the course of the University's business and 6th April (excl this claim) does not include costs incurred in travelling between Miles now claimed @ 45 p my home and normal place of work. Miles now claimed @ 25 p confirm that I have not claimed any of these expenses Miles c/fwd Other travel before nor will claim them from any other source. hereby claim reimbursement. (details overleaf & receipts attached) Accommodation Signed: (details overleaf & receipts attached) Subsistence (details overleaf & receipts attached) Dated: **AUTHORISATION** Telephone (log attached) (details overleaf & receipts attached) This claim is correct and in order for payment. Other incidentals (details overleaf & receipts attached) Signed: ** TOTAL INCURRED Dated: If you received an advance The signatory must be an authorised signatory, and also senior in status to the claimant please enter amount >>>> The University will normally pay second class return fare. Original receipts should be produced. Credit card vouchers or Note 2 Persons travelling by car claim 45 p per mile* for the first 10000 miles statements are not accepted as proof by HMRC. in any tax year beginning 6th April & 25 p per mile thereafter. Claimants are Personal expenses (eg Alcoholic drinks) and third party Note 3 asked to keep a record of total annual mileage. expenses are not allowable

FOR ADMIN USE ONLY			Ext Ref . 1	No:					
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	Rates / Calculations. Correct	TOTAL		<u>-</u>	For Finance Office use only				
	when checked	Must equal total ex	penses less advance if any *	*	E X P G E N 3 FO RL 06 04 08				

DETAILS OF CLAIM

Date	Route or Destination	Purpose of Journey	No of Car Miles	Other Travel	Costs of Other Travel		Accommodation / Subsistence			Incidental Expenses		
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