

UK BANK ACCOUNT (GBP)

Supplier ID	
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*(for Payments Office use)*

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**PLEASE COMPLETE FOR FIRST CLAIM or IF DETAILS HAVE CHANGED . . .**

**CLAIMANT TO COMPLETE IN CAPITAL LETTERS**

Name	
Email address	
Student No. (if applicable)	

Bank account number ( 8 digits )	
Sort Code ( 6 digits )	

Signed	
PRINT NAME	

**PLEASE SEND COMPLETED FORM WITH YOUR EXPENSE CLAIM TO THE  
DEPARTMENT WHO WILL AUTHORISE YOUR CLAIM FOR PAYMENT**