

Registration No. \_\_\_\_\_

Supplier ID \_\_\_\_\_



Heslington, York YO10 5DD. Telephone (01904) 322113

**Visitor / Student - Expenses Claim Form**

**FORM 1 - PLEASE COMPLETE AND SEND TO THE DEPARTMENT FOR AUTHORISATION**

Name of Claimant Title \_\_\_\_\_ Forename \_\_\_\_\_ Initial \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Student No \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

Reason for claim \_\_\_\_\_

**DETAILS OF CLAIM (Please attach all receipts)**

\*State: Car / Air Travel / Taxi / Rail / Bus Fare (2nd class)

Travel Type*	Date	Travel From	Travel To	Miles	@p	Sterling		Currency
						Including VAT		
						£	P	
<b>TOTAL</b>								

Other Expenses (Specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Claimant**  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Authorisation**  
 Signature \_\_\_\_\_ Department \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_ Date \_\_\_\_\_

**NOW COMPLETE FORM 2**

Description to appear on reports in CAPITAL LETTERS	Account xxxx	Analysis xxxxx	Workorder xxxxxxxxx	Product xxxxxx	VAT Code	Excl VAT		Excl VAT(Currency)
						£	p	
<b>TOTAL</b>								

receipts to be placed in an envelope and attached to the back of this claim before sending to Payments Office

## NOTES

**THIS FORM IS TO BE USED FOR 'EXPENSES-ONLY' CLAIMS AND SUBMITTED TO THE PAYMENTS OFFICE.**

**VISITORS' CLAIMS THAT INCLUDE FEES OR REMUNERATION MUST BE SUBMITTED TO THE PAYROLL OFFICE USING THE 'CASUAL WORKERS/VISITORS FEES AND WEEKLY TIMESHEET' CLAIM FORM.**

### 1. PAYMENT OF EXPENSES

Payment will be made by BACS directly to your Bank/Building Society account. Please complete details overleaf

### 2. AUTHORISATION

All claims must be signed by the claimant and authorised/checked by an authorised member of the Department in which the work was carried out

### 3. RECEIPTS

All claims must be supported by valid receipts as far as is practicable. [Excluding mileage]

### 4. TRAVEL

2nd class Rail or Bus fares will be paid. Travel by car will be at the University visitor mileage rate