**Expenses incurred on University business: Application for reimbursement**

**FD1C**

**STAFF**



**UNIVERSITY OF CAMBRIDGE EMPLOYEES ONLY**

**This form must be completed in BLOCK CAPITALS. Claims will be settled by bank transfer using the bank account details held by Payroll.**

**A remittance advice will be sent to your University email address. ALL SHADED FIELDS MUST BE COMPLETED BY THE CLAIMANT.**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME** |  | **FIRST NAME**  |  |
| **PAYROLL REFERENCE** |  |  |  |  |  |  |  |  | **LAST FOUR DIGITS OF BANK A/C NO. USED BY PAYROLL (Eight digit no., not the longer debit card no.)** |  |  |  |  |
| **DEPARTMENT NAME** |  |
| **UNIVERSITY EMAIL ADDRESS** |  |
|  |
| **Purpose of claim****(eg Confernce X in Paris)** |  |

**For spend in a currency other than GBP, report the currency amount and note the currency**

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**TRAVEL *(See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **Date** | **Purpose of journey(if not covered by purpose above)** | **From** | **To** | **Method eg Air/ Rail/ Car** | **Mileage claimed at 45p\*** | **£** | **p** |
|  |  |  |  |  |  |  |  |  |

**\*Mileage rates for Cambens vehicles may differ**

**SUBSISTENCE/ACCOMMODATION ALLOWANCE/OTHER EXPENSES**

(***For business entertainment claims please attach details re the purpose of the entertainment, the names of all those in attendance and their institutions)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref** | **Date** | **Nature of expense** | **£** | **p** |
|  |  |  |  |  |
|  |
| **Any additional notes to help explain/justify claim (if useful)** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I certify that I have incurred expenses of: and the supporting vouchers are attached.** | **£**  |  |  | **TOTAL EXPENSES** |  |  |
| **I hereby apply for a refund of** | **£**  |  |  | **LESS ADVANCE TAKEN** |  |  |
| **Signature of claimant** |  | **Date** |  |  | **TOTAL CLAIM** |  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY BELOW HERE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AP supplier no.** |  |  | **LINE REF** | **ACCOUNTING CODES****Use additional sheet if needed** | **AMOUNT** |
|  |  |  |  |  |
| **Authorised Department signatory** |  |  |  |  |
|  |  |  |  |  |
| **Print Name** |  |  |  |  |  |
| **Date** |  |  |  |  |  |