



Swansea University
Prifysgol Abertawe

CLAIM FOR REIMBURSEMENT OF EXPENSES

SECTION A - PERSONAL & VEHICLE DETAILS PLEASE COMPLETE IN BLOCK CAPITALS

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|-------------------|--|--|---|--|--|------------------------|--|--|
| Full Name | | | | Vehicle Reg. No. | | | | | | | | | | | |
| Department | | | | Claimant's reference | | | | | | | | | | | |
| Address to which Remittance Advice is to be sent (Non-Staff and Visitors only) | | | | Please tick appropriate box Vehicle owned by me <input type="checkbox"/> Vehicle owned by University <input type="checkbox"/> Vehicle hired by University <input type="checkbox"/> Health Science staff on protected NHS rates <input type="checkbox"/> | | | | | | | | | | | |
| Post Code | | | | | | | | | | | | | | | |
| E-mail address | | | | TO BE COMPLETED BY SU STAFF & STUDENTS ONLY | | | | | | TO BE COMPLETED BY VISITORS AND OTHER NON-STAFF CLAIMANTS ONLY | | | | | |
| Tel / Ext No | | | | Staff No | | | Student No | | | Bank Sort Code | | | Bank Account No | | |
| | | | | | | | | | | Account Holders Name | | | | | |

THE FOLLOWING SUB CODES MUST BE USED WHERE APPROPRIATE

| | | |
|---|--|--|
| 584 SU Staff UK Travel & Subsistence | 588 SU Staff Training | 591 UK Travel & Subsistence (Non SU Staff & Students) |
| 585 SU Staff Overseas Travel & Subsistence | 590 Entertainment & Hospitality | 592 Overseas Travel & Subsistence (Non SU Staff & Students) |
| 586 Conference Expenses | Other codes must be specified | |

SECTION B - SUMMARY OF EXPENSES CLAIMED (FULL DETAILS TO BE PROVIDED OVERLEAF & ORIGINAL RECEIPTS ATTACHED)

| Nominal | Sub | Description | £ | p |
|---------|-----|------------------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total | | |
| | | Less Advance Received | | |
| | | Balance Claimed | | |

SECTION C - DECLARATION AND CERTIFICATION

| | |
|--|--|
| <p>Declaration</p> <p>I declare that the expenses claimed are in accordance with the approved scales of payment as set out in section E8 of the University's Financial Policies and Procedures and that no other claim has been or will be made for this expenditure against the University or any other organisation. The claim for subsistence does not exceed the actual costs incurred. Where I have used my own vehicle on University business my insurance policy covers me for business use.</p> <p>.....</p> <p>Claimant's Signature</p> <p>Date.....</p> | <p>Certification</p> <p>I certify that the expenses claimed were necessarily incurred on University business and comply with the University's approved scheme for the reimbursement of travel & subsistence expenses. Where receipts are required under the University's Financial Policies & Procedures I confirm that the original copies are attached, have been checked and are legitimate.</p> <p>.....</p> <p>Authorised Signatory's Signature</p> <p>Date.....</p> |
|--|--|

SECTION D - FINANCE DEPARTMENT USE ONLY

| | |
|----------------------------------|------------------------|
| Advance Number | Batch Number |
| Exchange Rate | Passed By |
| Remittance Advice Details | Creditor Number |

