



CLAIM FOR TRAVELLING AND SUBSISTENCE EXPENSES FOR NON STAFF MEMBERS

NAME (BLOCK CAPITALS)DATE OF CLAIM.....

ADDRESS

Purpose Of Journey / Claim.....

****BANK DETAILS—MUST BE COMPLETED AS PAYMENTS WILL NO LONGER BE MADE BY CHEQUE****

ACCOUNT NAME.....ACCOUNT No

(eg Mr A N Other etc) (must be 8 digits)

BANK NAME.....SORT CODE.....

BANK ADDRESS.....

EMAIL ADDRESS FOR REMITTANCE ADVICE

RAIL/AIR TRAVEL - Standard Class Return Fare

DATE	FROM	TO	TOTAL AMOUNT

CAR TRAVEL

DATE	FROM	TO	RETURN MILEAGE

N.B. For more than one journey, please use the table overleaf and enter the totals below.

Mileage To Be ClaimedMILES AT.....PENCE PER MILE

TOTAL MILES
COST £

OTHER EXPENSES Please give details

*****ALL SUPPORTING RECEIPTS MUST BE ATTACHED TO THIS CLAIM FORM*****

TAXI / BUS FARES.....

MEALS

NIGHTS ACCOMMODATION

OTHER EXPENSES (Please Give Details)

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I hereby certify that this claim for travel and subsistence is in accordance with the University's Regulations and Guidelines.

Claimants Signature.....

