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

**FD1A
NON STAFF**



**Please use BLOCK CAPITALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FIRST NAME** |  | **LAST NAME** |  |
| **Address** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Purpose of claim(eg ‘Research trip to London’)** |  |

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

**---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**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** | **Car miles at 45p** | **£** | **p** |
|  |  |  |  |  |  |  |  |  |

**SUBSISTENCE/ACCOMMODATION ALLOWANCE/OTHER EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student no. (USN)** |  |  | **LINE REF** | **ACCOUNTING CODES****Use additional sheet if needed** | **AMOUNT** |
| **AP supplier no.** |  |  |  |  |  |
|  |  |  |
| **Authorised Departmental Signatory** |  |
|  |  |
| **Print name** |  |  |
| **Date** |  |  |