

Please use BLOCK CAPITALS throughout

Period of claim: From \_\_\_\_\_ to \_\_\_\_\_

**(Note: all claims should be submitted within 3 months of the expenditure being incurred)**

Note: This form should not be used if you are receiving a fee from the University; see VAM forms

<b>First Name</b>	<b>Surname</b>	<b>Department :</b>
<b>Address for remittance advice:</b> <small>(Your remittance advice will be sent to your e-mail address. Only complete this if you do not have an e-mail address)</small>		<b>University of Warwick employee:</b> YES / NO
		<b>Job title:</b>
		<b>e-mail:</b>
<b>UK Bank/Building Society details:</b> Only complete these if you are a new claimant or have changed your bank details  Bank Account No: _____ Bank Sort Code: _____  Building Society Roll No.: _____  <small>(If you have a foreign bank account, please complete and attach the form "Foreign Bank Account Details")</small>		<b>Vendor number:</b>  <b>3 0 0</b> _____ <small>(as per your remittance advice for previous claimants, for new claimants please leave blank)</small>
		<b>Your Ref (max 16 characters):</b>

**Mileage allowance:** Insert total miles shown overleaf, rate per mile and calculate totals:

\_\_\_\_\_ miles at \_\_\_\_\_ p. per mile.

Travelling and Subsistence **Expenses:** insert total shown overleaf supported by receipts

**Total expenditure coded below**

**LESS:** amount of **ADVANCE** already received

**Total reimbursement claimed / money returned**

£	p

I request reimbursement of the expenses, specified above, incurred necessarily on University business.

I confirm that I have personally incurred the expenditure and have not reclaimed it by any other method.

In claiming business mileage for the use of my private vehicle, I confirm that I have valid & appropriate vehicle insurance for business use, my vehicle has a valid road fund licence & MOT certificate & my vehicle is serviced & maintained in a safe & roadworthy condition. (The University of Warwick reserves the right to check documents & inspect private vehicles at any time).

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

Departmental authorisation: \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of departmental authorised signatory)

Please print name and title: \_\_\_\_\_  
(Departmental authorised signatory)

University-level authorisation \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of University-level authorised signatory for Heads of Departments only)

The signatures above are confirming that the journeys were authorised, the expenses were incurred on the business of the University and are properly payable by the University and that due consideration has been given to achieving value for money.

**Expenditure Codes**

General ledger code	Cost centre/Project/Internal order	£	p	Description: Date, Place, Purpose (max 50 characters)

<b>For use in the HR Department</b>	<b>Claim checked</b>	<b>Voucher Number</b>
Date claim received in Payroll Office	Payroll Office	
<b>Privacy Notice:</b> <small>Please note, we ask that you read our updated Staff Privacy Notice carefully as it contains important information on how and why we collect, store, use and share your personal data, your rights in relation to your personal data and who to contact in the event that you have a query or complaint.</small>		<b>Claim Approved</b>

