

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

First Name	Surname	Department :
Address for remittance advice: <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>		University of Warwick employee: YES / NO
		Job title:
		e-mail:
UK Bank/Building Society details: Only complete these if you are a new claimant or have changed your bank details		Vendor number: 3 0 0 _____
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>		Your Ref (max 16 characters): _____

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

_____ miles at _____ p. per mile.

_____ miles at _____ p. per mile.

Total mileage claimed

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	and	Cost centre/Project/Internal order	£	p	Description

For use in the Personnel Department	Claim checked	Voucher Number
Date claim received in Payroll Office	Payroll Office	
	RSS	Claim Approved

