

Claimant's Information

Name: _____	Contract/Ref No. _____
Home Address: _____	Department _____
	Location _____

Claim Dates

Month: _____

Claims must be submitted to Finance within 2 months of the date of travel, or within 2 weeks of the end of the financial year (31st July)

All payments are made by bacs. Please supply your bank details:

Account No: _____	Account Name: _____
Sort Code: _____	Bank/Branch: _____

Summary of Claim

	Miles	Rate	Total £ p	Net £ p	VAT £ p	TOTAL £ p	Cost Code	Project Code <small>(leave blank if not applicable)</small>
Business Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/> - <input type="text"/> 320-10	<input type="text"/>
Travel & Subsistence Other				<input type="text"/>		<input type="text"/>	<input type="text"/> - <input type="text"/> 320-10	<input type="text"/>
VAT should be deducted from all qualifying expenses (contact the Finance Office for advice if in doubt)					<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>
Other Expenses				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS				<input type="text"/>	<input type="text"/>	<input type="text"/>		

Declaration

I certify that the above expenses have been wholly and necessarily incurred by me in the course of my duties.
I certify that I have fully complied with the University of Suffolk Travel and Subsistence Expenses Policy.
I certify that any private vehicle used met all requirements under the above policy and applicable UK law.

Total NET	<input type="text"/>	<input type="text"/>
Total VAT	<input type="text"/>	<input type="text"/>

Signed: _____ Date: _____
(claimant)

Approved for Payment (Budget Holder) I confirm that the above details are correct and authorise payment

Signed: _____ Date: _____

FOR FINANCE USE ONLY

A/C Number	Registered Number	Registered	Certified	Posted
<input type="text"/>				

