Council for the Central Laboratory of the Research Councils

CLRC

CLAIM FOR EXPENSES

Project Code	**Org Unit**	**Unique Identifier**	**Claim Number**

CLRC EMPLOYEES Full Name & Title	Dept/Building	Band	Tel Ext	E-Mail Address
VISITORS Full Name & Title	University	Grade	Tel No	E-Mail Address

PLEASE COMPLETE **ALL** BOXES IN ABOVE SECTION

PLEASE FILL YOUR ADDRESS IN BELOW FOR EACH CLAIM YOU SUBMIT & BANK DETAILS IF PAYMENT IS TO BANK
IF YOUR DETAILS HAVE CHANGED SINCE YOUR LAST CLAIM PLEASE TICK THE BOX ☐

HOME ADDRESS (Please use block capitals)

POSTCODE --

BANK DETAILS

SORT CODE ☐☐☐☐☐☐

ACC NUMBER ☐☐☐☐☐☐☐☐

BANK NAME --

TOWN --

Please arrange payment by Cash at Cash Office (max £100)/Personal cheque/Credit to bank/Wire payment (delete as appropriate)
Is the above your normal mode of payment? **YES/NO** (delete as appropriate)

Please enter amount of any advance received in respect of this claim £ …………………..

TO BE COMPLETED BY PRIVATE CAR USERS Registration number: Cubic capacity:

Are you the owner of the car specified? YES/NO (delete as appropriate)

TO BE COMPLETED BY CLAIMANT

I certify that:

1. No other claim has been made or will be made by me to any other organisation or body in respect of this visit.
2. The expenses claimed have been actually and necessarily incurred by me solely on official business with CCLRC.
3. The expenses claimed represent the additional cost to me after deducting any savings on my normal expenses.
4. (CCLRC staff only): At the time of any journey for which mileage allowance is claimed, I was insured in accordance with the undertaking which I have signed under CEM 5B Appendix B.
5. (VISITORS ONLY): At the time of the journey for which mileage allowance is claimed, I was insured to cover liabilities to third parties.
6. The claim has been rendered within one month of competing the trip (see CEM 4, paragraph 2.1.2).

Signature of claimant …………………………………… **Date ………/……../……..**

Please complete down to here (also overleaf) and pass to certifying Officer

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TO BE COMPLETED BY CERTIFYING OFFICER

I certify that:

1. To the best of my knowledge the journeys were undertaken and the period of absence for which expenses are claimed was necessary to the proper performance of official business.
2. I see no objection to this claim.

Name (Block capitals) …………………………. Ext …… Signature……………….………. Band…… ….. Date ……../……../……..

NOTES FOR GUIDANCE

1. UK visits and overseas visits should be submitted on separate forms
2. Receipts are needed for:

- **Taxi fares**
- **Hotel & meal bills where the night/day rate exceeds 24hr subs rate (staff)**
  Hotel & meal bills paid by University staff
- **Garaging and parking fees**
- **Items of unusual expenditure including air tickets**
- **Course and lecture fees**

3. Journeys must be set out in proper order and in such detail as to enable the route to be followed.
4. Names of car passengers should be specified where appropriate.

N432(3/99)

TRAVEL EXPENSES

JOURNEY/S (including car, train, plane etc) (Full details should be inserted below)					PURPOSE OF TRAVEL	METHOD	CAR MILEAGE	AMOUNT CLAIMED	OFF. USE
DATE	FROM	TIME	TO	TIME					
Mileage (at …….p) per mile – approved rate) Mileage (at …….p) per mile – permissive rate)						**TOTALS**			

HOTEL/HOSTEL EXPENSES (please attach receipts if applicable)

HOTEL LOCATION & NAME	SUBS RATE	DATE FROM	DATE TO	NO. OF NIGHTS	HOTEL NIGHT/DAY RATE	EXCHANGE RATE	TOTAL	OFF. USE

OTHER EXPENSES (please give brief details	EXCHANGE RATE	**TOTAL**	OFF. USE
PERSONAL EXPENSE ALLOWANCE (UK visits only)			
TOTAL EXPENSES			
LESS TRAVEL ADVANCE			
GRAND TOTAL OF AMOUNT CLAIMED			

FOR CLAIMS OFFICE USE ONLY

LINE NO	AMOUNT £p	UNIT (TYPE)	ACCOUNT CODE	PROJECT CODE	ORG. UNIT	COMMENTS
						TOTAL - £
						DATE OF INPUT STAFF INT.
						CLAIM NUMBER CPV SENT