

**Expenses incurred on University business: Application for reimbursement
UNIVERSITY OF CAMBRIDGE EMPLOYEES ONLY**

This form must be completed in BLOCK CAPITALS. Claims will be settled by bank transfer using the bank account details held by Payroll. A remittance advice will be sent to your University email address. ALL SHADED FIELDS MUST BE COMPLETED BY THE CLAIMANT.

LAST NAME		FIRST NAME	
PAYROLL REFERENCE		LAST FOUR DIGITS OF BANK A/C NO. USED BY PAYROLL (Eight digit no., not the longer debit card no.)	
DEPARTMENT NAME			
UNIVERSITY EMAIL ADDRESS			
Purpose of claim <small>(eg Conference X in Paris)</small>			

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	Mileage claimed at 45p*	£	p

*Mileage rates for Cambens vehicles may differ

SUBSISTENCE/ACCOMMODATION ALLOWANCE/OTHER EXPENSES

(For business entertainment claims please attach details re the purpose of the entertainment, the names of all those in attendance and their institutions)

Ref	Date	Nature of expense	£	p

Any additional notes to help explain/justify claim (if useful)

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<p>I certify that I have incurred expenses of: £ <input style="width: 100px;" type="text"/></p> <p>and the supporting vouchers are attached.</p> <p>I hereby apply for a refund of £ <input style="width: 100px;" type="text"/></p> <p>Signature of claimant <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/></p>	<p>TOTAL EXPENSES</p> <p>LESS ADVANCE TAKEN</p> <p>TOTAL CLAIM</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> </table>						

*****OFFICE USE ONLY BELOW HERE*****

AP supplier no.		LINE REF	ACCOUNTING CODES <small>Use additional sheet if needed</small>	AMOUNT
Authorised Department signatory				
Print Name				
Date				