

UK Claim for Expenses



	Dept	Building	Room No	Ext	Unique Identifier	For claims use only
Name						Claim number

Home Address
E-mail Address

Full Bank details
Bank Name
Bank Address
Sort code
Account Number
Account Name

Employee/Visitor * (Delete as applicable)

Please tick box if any of the above details have changed

Please tick box if new claimant.

Your claim will be paid by bank transfer unless you request an alternative below:

Cash (max £100 collected per day) Personal Cheque Please tick box

Mileage

Date	Time of Departure	Return Time	Details of Journey and Purpose	Total Mileage	Rate per Mile	Amount Claimed £ : p	Project Code	Org Unit	Account code

Received Expenditure ALL EXPENDITURE MUST BE DETAILED BELOW AND ACTUAL RECEIPTS ATTACHED.

Date	Time of Departure	Return Time	Details of Expenditure and Purpose of Journey	Net amount £ : p	VAT £ : p	Amount Claimed £ : p	Project Code	Org Unit	Account code

Personal Incidental Expenses

Date	Time of Departure	Return Time	Details of Incidental Expenses and Reason Claimed	Net amount £ : p	VAT £ : p	Amount Claimed £ : p	Project Code	Org Unit	Account code

Total of expenses £

Please enter amount of any advance received in respect of this claim

Total amount of claim £

I certify that -

1. The expenses claimed have been actually and necessarily incurred by me solely on official business with CCLRC.
2. The expenses claimed represent the additional cost to me after deducting any savings on my normal expenses.
- * 3 (a) (CCLRC Staff Only) That GPC has not been used for any of the expenditure covered by this claim OR
- * 3 (b) (CCLRC Staff Only) GPC was used to pay for part of this journey Amount £ Card Holders Name
- * Delete as appropriate
- Please list on second sheet any expenses which have already been paid by Government Procurement Card (GPC).
4. No other claim has been made or will be made by me to any other organisation or body in respect of this visit.
5. (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 5
6. (non-CCLRC staff/visitors only) At the time of the journey for which mileage allowance is claimed, I was insured to cover liabilities to third parties.
7. I understand that fraudulent claims will lead to disciplinary action, possibly leading to dismissal.

Signature of Claimant	Name in Block Capitals	Date

Approval Signature*	Name in Block Capitals	Date

*Approval Signature is required for claims over £100.00 or where expenditure exceeds any indicative maxima (see guidance notes)

*Approval Signature is required for non-CCLRC staff / visitor claims

TO BE COMPLETED BY PRIVATE CAR USERS , Registration number..... Cubic capacity.....

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

Please list any expenses which have already been paid for by Government Procurement Card (GPC)

GPC Expenditure

Date	Time of Departure	Return Time	Details	Net amount £ : p	VAT £ : p	Total Amount £ : p	Project Code	Org Unit
						0.00	YF600000	XG1
						0.00		
						0.00		
						0.00		
						0.00		
						0.00		
						0.00		
						0.00		
						0.00		

Notes for Guidance.

1. Overseas claims are to be submitted on appropriate form.
2. GPC card to be used as far as possible.
3. Please ensure VAT receipts are obtained where applicable.
4. Journeys must be set out in proper order and in such detail as to enable the route to be followed.
5. Names of car passengers should be specified where appropriate.
6. Incomplete/ incorrect claim forms will be returned
7. It is the claimant's responsibility to confirm any personal changes to address / bank a/c details.
8. Additional information available on web link