



Please note all fields marked \* are compulsory.

Pages 1 and 2 must be completed to avoid your claim being returned.

Please send the completed form to the University Faculty/Service concerned.

\*Faculty, Dept/Service: \_\_\_\_\_ \*UWE Contact: \_\_\_\_\_ \*Tel No: \_\_\_\_\_
\*Role at UWE: Examiner [ ] Governor [ ] Secondee [ ] Other \_\_\_\_\_

PERSONAL DETAILS

\*Surname: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Title: \_\_\_\_\_
\*Telephone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_
\*Home Address: \_\_\_\_\_
\*Postcode/Country: \_\_\_\_\_

\*Bank Details: Account Name: \_\_\_\_\_
Sort Code: [ ][ ][ ][ ][ ][ ]
Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ] Please state 8 digit number
If payment is to be made to a non-UK bank account, please supply additional details below:
Name of Bank and Country: \_\_\_\_\_
SWIFT/BIC Code: \_\_\_\_\_
IBAN/Account Number: \_\_\_\_\_

SUMMARY OF EXPENSES (please enter individual details overleaf)

Table with columns: Journeys without Passengers, Journeys with Passengers, Account, Cost Centre. Includes rows for Motor Car, Motor cycle, Bicycle, 1-3 Passengers.

Names of Passengers and Date of Travel (please do not include driver):

\_\_\_\_\_  
\_\_\_\_\_

Table for Meals, Accommodation, Other Transport, Other Expenses. Includes grid for Account and Cost Centre.

\*TOTAL AMOUNT CLAIMED (GBP): [ ] State currency to be paid if not GBP: \_\_\_\_\_

CERTIFICATION

I certify that these journeys were made and expenses incurred wholly on University of the West of England business.
This claim is made using current travel and subsistence allowances.
In the case of a private vehicle it is confirmed that business use insurance cover is in force, has a valid MOT and is in a road worthy condition.

\*Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
\*Faculty/Service Authorisation Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_

Office use only: Checked by: \_\_\_\_\_ Date: \_\_\_\_\_
Finance use only: Ref No: [ ] Processed by: [ ] Date: [ ]

