**Expenses incurred on University business: Application for Reimbursement**

**FD1C**



**FD1C**

 **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**

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**PAYROLL REFERENCE LAST FOUR DIGITS OF BANK ACCOUNT**

 **NUMBER USED BY PAYROLL**

**DEPARTMENT**

**NAME**

**UNIVERSITY EMAIL ADDRESS**

**TRAVEL**

***(See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates)***

**Mileage claimed at 45p**

**Method e.g. Air/Rail/Car**

**p**

**£**

**Date**

**Purpose of Journey**

**From Time Left**

**To Time Arrived**

**£**

**p**

**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)***

**Nature of Expense**

 **ACCOUNTING CODES AMOUNT**

**Date**

 **LESS ADVANCES TAKEN**

**I certify that I have incurred expenses of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the supporting vouchers are attached.**

**I hereby apply for a reimbursement of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Claimant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Departmental Authorisation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL EXPENSES**

**TOTAL CLAIM**