

Claimant's Information

Name: _____	Contract/Ref No. _____
Home Address: _____	Department _____
	Location _____

All payments are made by bacs. Please supply your bank details:

Account No: _____	Account Name: _____
Sort Code: _____	Bank/Branch: _____

Claim Dates

Month: _____

Claims must be submitted to Finance within 2 months of the date of travel, or within 2 weeks of the end of the financial year (31st July)

Summary of Claim

	Miles	Rate	Total £ p	Net £ p	VAT £ p	TOTAL £ p	Cost Code	Project Code <small>(leave blank if not applicable)</small>
Business Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> - <input type="text"/> 320-10	<input type="text"/>
Travel & Subsistence Other				<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> - <input type="text"/> 320-10	<input type="text"/>
VAT should be deducted from all qualifying expenses (contact the Finance Office for advice if in doubt)					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>
Other Expenses				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		

Declaration

I certify that the above expenses have been wholly and necessarily incurred by me in the course of my duties.
I certify that I have fully complied with the University of Suffolk Travel and Subsistence Expenses Policy.
I certify that any private vehicle used met all requirements under the above policy and applicable UK law.

Total NET

Total VAT

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signed: _____
(claimant)

Date: _____

Approved for Payment (Budget Holder)

I confirm that the above details are correct and authorise payment

Signed: _____

Date: _____

FOR FINANCE USE ONLY

A/C Number	Registered Number	Registered	Certified	Posted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF JOURNEYS AND SUBSISTENCE EXPENSES

Date of Journey	Start Time	Return Time	Details & Purpose of Journey	Project code (if applies)	Journey Length (A)	Private Mileage (Home to Office) (B)	Miles Claimed (C=A-B)	No. Passengers (D)	Passenger Miles (C x D)	Other Expenses	Details of Other Expenses

TOTALS FOR THIS CLAIM			
Total mileage this tax year (6th April annually to 5th April following)	Previous total (from last claim)		
	Cumulative total (including this claim)		