



UNIVERSITY OF STRATHCLYDE

CLAIM FOR EXPENSES/FEEES BY NON-UNIVERSITY STAFF

FOP003

(REFER TO NOTES OVERLEAF)

PAYMENT TO: TITLE _____ NAME _____

HOME ADDRESS _____

(PLEASE USE BLOCK LETTERS)

NATIONAL INSURANCE No (See notes 1 and 4 overleaf)

PART A - EXPENSES

The CLAIMANT should complete PART A and return the form to the Head of Department for whom duty was undertaken.

In respect of the following duty (enter brief details, including name of department) _____

TRAVEL	From	To	Rail/Air etc.	Car Mileage (@ 40p per mile)	£	p
Dates						
SUBSISTENCE	Details					
DATES						
ACCOMMODATION	Details					
DATES						
OTHER EXPENSES	Details					
DATES						
I certify that the foregoing expenses were wholly, exclusively and necessarily incurred for the purposes stated and the particulars entered on this form are correct to the best of my knowledge and belief.				TOTAL EXPENSES £		
Signed _____ Date _____				Less Advance		
Claimant				Amount Claimed/(Repaid)		

PART B - FEES

(IF APPROPRIATE, THE CLAIMANT SHOULD SIGN THE TAX DECLARATION OVERLEAF)

In respect of the following duty (enter brief details, including name of department) _____

NA

I authorise payment of a FEE of _____

and confirm that to the best of my knowledge and belief the details in PART A are correct.

FOR THE PURPOSE OF PAYING FEES USING THIS FORM, NON-UNIVERSITY STAFF ARE DEFINED AS EXTERNAL EXAMINER, VISITING LECTURER AND OTHERS WHO GIVE INSTRUCTION ON NOT MORE THAN 3 DAYS OR PARTS OF DAYS IN ANY THREE MONTH PERIOD.

PAYMENTS TO INDIVIDUALS WHO DO NOT FALL WITHIN THE ABOVE DEFINITION MUST BE MADE THROUGH THE PAYROLL AND THIS REQUIRES THE PRIOR ISSUE OF A LETTER OF APPOINTMENT FROM THE PERSONNEL OFFICE.

SIGNED _____ NAME _____ DATE _____
(Authorised Signatory)

Departments should fill in all unshaded areas	CHARGE								INC/EXP	AMOUNT	Ins Fund	Force Init			
	Resp	Context				B/L									
EXPENSES	1	2	4	4	8	R	A	5	3	5	4	B			
FEES															
TAX SIGNAL						ORDER NUMBER			CREDITOR'S NUMBER						
TAXABLE			NON-TAXABLE												

UK-SPC NETWORK EXPENSES CLAIM FORM SUMMARY

Claimants Name:

Claimants e-mail address:

Visit Dates:

Purpose of Journey and destination:

(Is this trip associated with a particular task group? Which one?)

Travel costs (sub-total):
(please attach receipts)

£

(max £150)

Hotel accommodation (sub total)
(please attach receipts)

£

(max £80/night)

Subsistence (sub total):
(please attach receipts)

£

(max £25/day)

GRAND TOTAL:

£

(NOTE: the maximum Network contribution to the above costs is £300)

Please return all claim forms to:

**Ros Nimmo
University of Strathclyde
Department of Pure & Chemistry
295 Cathedral Street
GLASGOW
G1 1XL**