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1. **Student Details**

|  |  |
| --- | --- |
| Full Name:  |  |
| University: |  |
| University Student Number: |  |
| **Telephone:** |  |
| **Email:** |  |

1. **Expense details**

|  |  |
| --- | --- |
| **Date of expense:** |  |
| **Nature of expense, breakdown of costs and justification for costs. If this is a request to attend a conference – will you be presenting?**(please include all projected costs associated with this expense including fees, travel, accommodation, expenses and so on) |  |
| **Total claim:** | £(please note this will be the maximum value you can claim on expenses relating to this activity) |

1. **Signatures**

|  |  |
| --- | --- |
| Student Signature:  | Date: |
| Supervisor Signature | Date: |
| CDAS Manager signature | Date: |

**Please send your completed form, with relevant quotes and any purchasing details, to the CDAS Centre Manager at datacdt@leeds.ac.uk**