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| **University of Leeds** | AP |  |
|  |  |  |
| **Finance** |  |  |  |
| **Leeds** | SAP document no. |  **Leave blank** |  |
| **LS2 9JT** |  |  |  |



**Authority for Payment**

To be completed for Reimbursement of expenses other than Travel & Subsistence claims / When a Supplier invoice is not applicable.



Beneficiary’s Name **Your name**

Department (or Address)

 **Your university/department address**





**Bank Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort Code** |  | **12–34** | **–56** |  | **Account Number** |  | **123456** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| GL account | Cost Object |  |  | Description/purpose of Payment | Amount | Tax |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Code |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Leave blank** | **Leave blank** | **Data textbook 42** |  |
| **50 Blank**  |
| **Leave blank** | **Leave blank** | **Poster printing costs 17** |  |
| **20 Blank** |
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Total amount payable **59 70**

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by: |  **Your name and signature** | Date |  **Date of completion** |
|  |  |  |  |
| Authorised |  **Leave blank**  | Date |  **Leave blank** |
|  |  |  |  |
|  |  |  |  |

**Receipt(s) must be attached**

**Payment will be made directly to your bank or building society by BACS please supply details above**

SAP008/10.00

