

# UNIVERSITY OF LEEDS

University of Leeds

Finance

Leeds

LS2 9JT

## UKTS

TRAVEL & SUBSISTENCE EXPENSES FORM - UK CLAIMS ONLY
(including UK costs incurred to and from departure point)

Please refer to the University’s financial policies and guidelines for clarification [www.leedsac.uk/finance/policies/expenses](http://www.leedsac.uk/finance/policies/expenses)

 Department (Or address),

(Block Capitals)

Student ID No. or Visitor

(Please specify)

Name

Personnel No./

For payments abroad Bank Name Address & either BIC, Swift, IBAN, ABA or Routing Code must be provided

Bank sort-code:

Bank account Number:

Bank Name & Bank Address

|  |
| --- |
| DETAILS OF CLAIM |
| StartingPoint | Destination | Purpose of trip | Date & Time From | Date & Time To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Individuals claiming Business Mileage must ensure that their vehicle insurance policy covers them for use on employer’s business.

|  |
| --- |
| MILEAGE CLAIM |
| Car Mileage | Rate | Amount£ p |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total mileage | Debit | 5000 |  |  |
| Allowance claimed | 55030 | 5001 |  |  |

Cumulative mileage to carry forward

Cumulative mileage B/f from last claim

Total mileage
claimed on this form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Air Fares | Debit55010 | 5005 |  |  |
|  | Rail Fares | Debit55020 | 5010 |  |  |
|  | Accommodation | Debit55200 | 5015 |  |  |
|  | Meals | Debit55210 | 5020 |  |  |
|  | ConferenceFees & Expenses | Debit52020 | 5025 |  |  |
|  | Other Travel Expenses | Debit55000 | 5030 |  |  |
| PAYMENTS WILL BE MADE DIRECTLY TO YOUR BANK OR BUILDING SOCIETY BY BACS. PLEASE SUPPLY THE DETAILS ABOVE | ADD Advance required | Debit55040 | 5035 |  |  |
| Deduct advance Previously receivedRef.  | Credit55040 | 5035 | ( | ) |
| Total claimed/(repaid) |  |  |
|  |

incurred in connection with the journeys shown, that I am due to receive the amount stated and that this claim is within the scale of allowances contained in the University’s financial procedures.

Receipts supporting this claim are attached (to be retained in Faculty / Service).

Cost Object

Signed.

Date....

INDEPENDENT AUTHORISATION MUST BE OBTAINED AND THE BOX OPPOSITE COMPLETED.

INDIVIDUALS MAY NOT APPROVE THEIR OWN EXPENSE CLAIM. AUTHORISATION SHOULD ALWAYS BE OBTAINED FROM AN APPROPRIATE AUTHORISED SIGNATORY.

I authorise payment of this claim and confirm that receipts have been provided as required.

Authorised

Name\*

Position\* Date

\*PLEASE PRINT