Expenses Claim Form (for Non-Employees & Employees without iExpenses)

Rev. 178(12/03/2012)

User updatable cells

Claim Reference Number for Council use (optional)

1	**Claimant's institution**		
a	**Council**	b	**University** (if applicable)

2	**Claimant's Personal Details**

a	**Title**		h	**Address** - line 1	
b	**Surname**		i	**Address** - line 2	
c	**First name(s)**		j	**Address** - line 3	
d	**Email addres**		k	**Town/City**	
e	**Phone**		l	**County / State**	**Postocde / ZIP**
f	**Supplier Number** (only provide if requested to)		m	**Country**	
g	**Currency** of reimbursement (note iv)		n	**Je-S PID or Person Code** (if applicable - this relates to Grants only)	

Reason for Claim

Total for Claim b/f from Details sheet

Notes for completing this form

i	Use this form for Travel & Subsistence/Panel Fees/LTA payments/ Per Diems AND all cases where a claimant (including an employee) does not have access to Oracle iExpenses e.g. Mariners.
ii	Please send your completed claims form, along with supporting receipts to your approver at the Council (or to the person indicated by the Council when they sent you this form). Once approved, they will forward your claim to RCUK SSC Ltd for payment.
iii	All expenditure lines must be coded appropriately before the form is sent to RCUK SSC Ltd for payment. The Council will either have sent you this information already or will enter the data themselves. If the expenditure claimed on this form is chargeable to a project, please enter "Yes" in the Project Related Claim? box at the top of the details page. If not, enter "No". This will indicate what Coding information must be completed before submitting the form for payment.
iv	Box 2g is the currency in which you will be re-imbursed, and must correspond with the currency of your bank account as notified to us in section 5 or previous claims. It is not necessarily the currency that you spent.

3	**Certificate by Claimant**

I certify that: the expenses being claimed have been actualy and necessarily incurred by me on business approved by the Reasearch Council; are in accordance with the rules of that organisation; and that I have not, and will not, make a claim for the same items to any other organisation. I also certify that at the time of the journey for which mileage allowance is claimed I was insured to cover liabilities to third parties.

Claimant's signature:		Date Submitted:	
Print Name:			

4	**a) Authorisation - Approver**	**b) Countersignature** (only required where approver is not on SSC Signatory Panel)

Approver's signature:		Date	Authoriser's signature:		Date
Print Name:			Print Name:		
Approver's Contact Number		Approver's Email Address:	Authoriser's Contact Number		Authoriser's Email Address:

5	**BANK DETAILS - THESE MUST BE PROVIDED EVERY TIME YOU RAISE A CLAIM, OTHERWISE WE WILL NOT BE ABLE TO PAY YOU.**

Country		* Account Name	
Bank Name		IBAN/Routing no.	
Branch Name		BIC & Swift Code	
* Sort Code		* Currency	
* Bank Account Number			
Building Society Roll Number		* denotes mandatory field	

Electronic Submission of Claims

Claimant

You can only submit this claim electronically if the Council has told you that you can.

Approver

Retained Finance will only accept this claim electronically (in Excel format or scanned, signed image) if it has been submitted by an authorised person .

If you are not an Authorised Signatory please foward this form to the appropriate person as per your local Council Operating Procedure.

Authorised Signatory

By submitting this claim electronically you are asserting that you have carried out all necessary checks to ensure this claim is valid. Do not send supporting documentation, receipts, tickets, etc. to RCUK SSC Lltd

This version of the claim form is for completion online. Please use the blank printable version if you wish to complete a form by hand.

	Project Related Claim? See note iii	Y/N?

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Details of Expense Claim		If your expenditure was in a different currency to your claim, fill in these columns accordingly			This must be the currency as per 2g (above)		PROJECT RELATED CODING — Specify values in these four columns for project related claims only. Note iv refers				NON-PROJECT RELATED CODING — Specify values in these columns for GL code related claims. Note iv refers			
Date	Details of Journey Undertaken / Venue / Miscellaneous Expenses Claimed / Per Diem rate and days	Expenditure in Currency spent	Curr Spent	Exchange rate applied	Total Amount	Curr claimed	Project Number	Task No.	Expenditure Type	Expenditure Organisation	Business Unit	Cost Centre	Account Code	Analysis Code
						Total									

Please insert rows or use additional printed forms where required.   X

7 Car mileage claims

Date	Details (to/from and reason)		Miles/Km claimed	Rate per Mile/Km in the currency of your claim	This must be the currency as per 2f (above)		PROJECT RELATED CODING — Specify values in these four columns for **project related claims only**				NON-PROJECT RELATED CODING — Specify values in these columns for GL code			
					Total	Curr claimed	Project Number	Task No.	Expenditure Type	Expenditure Organisation	Business Unit	Cost Centre	Account Code	Analysis Code
					Total										

Y

8 | Total claim carried forward to header sheet | | X + Y