UNIVERSITY OF CAMBRIDGE COMPUTER LABORATORY **Travel and Other Expenses**

Part I (see below) of this form must be completed and authorized by the Head of the Laboratory or the Principal Investigator (PI) or the Grant Holder before travel takes place.

Details of allowable rates for travel, subsistence etc. are available from the finance office. All travel, accommodation and conference fees should usually be arranged through Reception. If you have any queries please check this with the finance office or Reception. Personal funds should not be used for booking flights without the approval of the Head of the Department: the University has accounts with approved travel agents.

When using a car for travel on University business, it is in the owner's interest to ensure that he or she is adequately insured, which means that the insurance policy must allow 'business use'. Failure to do so may not only render the person concerned liable for damages but also to criminal prosecution. The University can only consent to the use of private vehicles on its business if it can be shown that adequate insurance is in force.

Part II (see overleaf) of this form should be returned within two weeks of travel.

Advice on completing the forms and arranging travel are available on the Department's website at: http://www.cst.cam.ac.uk/local/finance

PART I – REQUEST FOR AUTHORIZATION

(not required for Grant Holders)

Name: Nick Hu										
Nature of Business:	Cambridge trip								October 1	1, 2021
										Estimate
Travel (attention is dramethod of travel than					s car hire	can be	a cheape	er		40
Accommodation										0
Conference fees										0
Approximate subsister	nce									10
Other Costs (please sp	ecify)									0
							Total I	Estimated	Expenditure	£ 50
Research Grant Account Code: RG/G										
or	1	1		1	1	1		_		
Cost Centre/Source of funds & Task no.:	N	R	X	Y	/	1	2	3	Task no (where applicab	
Authorized:					_ '	·	Dat	te:		

(PI/Grant Holder) N.B. for Departmental Funds the Head of Department is the Grant Holder

PART II – REQUEST FOR REIMBURSEMENT (for all claims)

Your name Nick Hu Date: October 11, 2021												
Nature of busines	ss(Cambi	idge tı	rip								
Details of expend (All receipts mu		attach	ed. Ple	ase place	e multipl	e recei	pts loo	se in an e	envelope at	ttached	l to this fo	orm)
Date	F	rom		То				Reaso	n/Details			Cost
2021-10-07 2021-10-07		IOIII				rain ti	icket	Reaso	in/Details			40.00
							I certif	v that I	have incur	red ex	nenses of	. 50
Research Grant Account Code: R	AG/G										penses or	
or				_L	1	1						
Cost Centre/Sour of funds & Task		N	R	X	Y]/[1	2	3		Task no. (where applicable	(3)
Non-employee cl Or Employee claims sent to the emplo Eight digit payro	s will b yee's	oe setti Univer	ed by b	ank tran ail addre	sfer to thess.	he ban	k accou	ınt detai				
Traveller's signa	ture	Nick	Hu						Date O	ctobe	r 11, 202	1
Authoriser's sign	ature								Date			