

# 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: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date: \_\_\_\_\_

	Estimate
Travel (attention is drawn to the fact that in some cases car hire can be a cheaper method of travel than claiming mileage allowance)	
Accommodation	
Conference fees	
Approximate subsistence	
Other Costs (please specify)	
<b>Total Estimated Expenditure</b>	<b>£</b>

Research Grant Account Code: RG/G							
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**or**

Cost Centre/Source of funds & Task no.:	<b>N</b>	<b>R</b>			/					<b>Task no.</b> (where applicable)	
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**Authorized:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(PI/Grant Holder)** *N.B. for Departmental Funds the Head of Department is the Grant Holder*

**FOR PART II SEE REVERSE OF FORM**

## PART II – REQUEST FOR REIMBURSEMENT (for all claims)

Your name \_\_\_\_\_ Date: \_\_\_\_\_

Nature of business \_\_\_\_\_

### Details of expenditure

**(All receipts must be attached. Please place multiple receipts loose in an envelope attached to this form)**

Date	From	To	Reason/Details	Cost
<p>I certify that I have incurred expenses of</p>				

Research Grant Account Code: RG/G							
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**or**

Cost Centre/Source of funds & Task no.:	<b>N</b>	<b>R</b>			/					<b>Task no.</b> (where applicable)	
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Non-employee claims will be made by cheque payable to \_\_\_\_\_

**Or**

Employee claims will be settled by bank transfer to the bank account details held by Payroll. Remittance advice will be sent to the employee's University email address.

Eight digit payroll reference \_\_\_\_\_ Last 4 digits of bank account number used by payroll \_\_\_\_\_

Traveller's signature \_\_\_\_\_ Date \_\_\_\_\_

Authoriser's signature \_\_\_\_\_ Date \_\_\_\_\_