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

1	Claimant's institution				
a	Council		b	University (if applicable)	Edinburgh Napier Unive

2	Claimant's Personal Details					
a	Title	Mr	h	Address - line 1	15/6 Falcon Gardens	
b	Surname	Barrett	i	Address - line 2		
c	First name(s)	Joe	j	Address - line 3		
d	Email addres	joebarrett401@gmail.com	k	Town/City	Edinburgh	
e	Phone	7706926045	l	County / State	City of Edinburgh	Postocde / ZIP
f	Supplier Number (only provide if requested to)		m	Country	Scotland	
g	Currency of reimbursement (note iv)	**GBP**	n	Je-S PID or Person Code (if applicable - this relates to Grants only)		
				Reason for Claim		

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 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 co		
	Claimant's signature:		Date Submitted:
	Print Name:		

4	a) Authorisation - Approver			b) Countersignature (only requir
	Approver's signature:	Date	Authoriser's signature:	
	Print Name:		Print Name:	
	Approver's Contact Number	Approver's Email Address:	Authoriser's Contact Number	

5	**BANK DETAILS - THESE MUST BE PROVIDED EVERY TIME YOU RAISE A CLAIM, OTHERWISE WE WIL**		
	Country	United Kingdom	* Account Name
	Bank Name	Natwest	IBAN/Routing no.
	Branch Name	Heswall	BIC & Swift Code
	* Sort Code	60-14-39	* Currency
	* Bank Account Number	59007966	
	Building Society Roll Number		* denotes mandatory field

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.

6	Details of Expense Claim		If your expenditure was in a different currency to your claim, fill in these columns accordingly		
	Date	Details of Journey Undertaken / Venue / Miscellaneous Expenses Claimed / Per Diem rate and days	Expenditure in Currency spent	Curr Spent	Exchange rate applied

Please insert rows or use additional printed forms where required.   **Total**

7	**Car mileage claims**			
	Date	Details (to/from and reason)	Miles/Km claimed	Rate per Mile/Km in the currency of your claim
	24/01/17	Edinburgh – Milton Hill, Assessment Centre	374	0.15

Total

8	**Total claim carried forward to header sheet**

	User updatable cells

ersity

	Claim Reference Number for Council use (optional)	

Notes for completing this form

i	Use this form for Travel & Subsistence/Panel Fees/LTA payments/ Per Diems AND all cases where a c (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 person indicated by the Council when they sent you this form). Once approved, they will forward your cl SBS for payment.
iii	All expenditure lines must be coded appropriately before the form is sent to UK SBS for payment. The Cc 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 Relate box at the top of the details page. If not, enter "No". This will indicate what Coding information must be co 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 b account as notified to us in section 5 or previous claims. It is not necessarily the currency that you spent.

EH10 4AP

Travel

Total for Claim b/f from Details sheet	56.10

with the rules of that organisation; and that I have not, and will not,
ver liabilities to third parties.

red where approver is not on SSC Signatory Panel)

	Date

Authoriser's Email Address:	

L NOT BE ABLE TO PAY YOU.

Electronic Submission of Claims

Claimant

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

Approver

Retained Finance will only accept this claim electronically (in Excel format
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 appro
person as per your local Council Operating Procedure.

Authorised Signatory

By submitting this claim electronically you are asserting that you have carri
necessary checks to ensure this claim is valid. Do not send supporting
documentation, receipts, tickets, etc. to UK SBS.

		Project Related Claim? See note iii			Y/N?	

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 REL Specify values in these c related claims. N	
Total Amount	Curr claimed	Project Number	Task No.	Expenditure Type	Expenditure Organisation	Business Unit	Cost Centre
0.00							
0.00							
0.00							
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0.00	GBP						

X

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 REL Specify values in these c related clair	
Total	Curr claimed	Project Number	Task No.	Expenditure Type	Expenditure Organisation	Business Unit	Cost Centre
56.10	#REF!						
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56.10	GBP						

Y

56.10	GBP	X + Y

SBS

Business Services

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bank

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LATED CODING columns for GL code ote iv refers	
Account Code	Analysis Code

...LATED CODING ...columns for GL code ...ns only	
Account Code	Analysis Code