

Supplier ID

Heslington, York YO10 5DD. Telephone (01904) 322113

[How to claim expenses help page](#)

**FORM 1 - PLEASE COMPLETE AND SEND TO THE DEPARTMENT FOR AUTHORISATION**

Name of Claimant	Title <u>MISS</u> Forename <u>SAM</u>	Initial	<u>S</u>	Surname	<u>GIBSON</u>
Address	<u>47 BURLAM ROAD</u>			Student No	<u>203024654</u>
	<u>MIDDLESBROUGH</u>			Email	<u>sg1406@york.ac.uk</u>
Reason for claim	<u>KSTAR Fusion CDT collaboration workshop</u>				

**DETAILS OF CLAIM (Please attach all receipts)**

**\*State: Car / Air Travel / Taxi / Rail / Bus Fare (2nd class)**

*State: Car / Air Travel / Taxi / Rail / Bus Fare (2nd class)						Sterling		Currency
Travel Type*	Date	Travel From	Travel To	Miles	@p	Including VAT		
						£	p	
Taxi	15/02/18	41 Don Bosco Close, OX42LD	Gloucester Green Bus Station OX1 2BU	4.5		8.5		GBP
Taxi	24/02/18	Gloucester Green Bus Station OX1 2BU	41 Don Bosco Close, OX42LD	4.5		9.8		GBP
Other Expenses (Specify)								
TOTAL						18.3		0

Claimant	Authorisation
Signature _____	Signature _____ Department _____
Date _____	PRINT NAME _____ Date _____

**NOW COMPLETE FORM 2**

[illegible]

## NOTES

**THIS FORM IS TO BE USED FOR 'EXPENSES-ONLY' CLAIMS AND SUBMITTED TO ACCOUNTS PAYABLE.**

**VISITORS' CLAIMS THAT INCLUDE FEES OR REMUNERATION MUST BE SUBMITTED TO THE PAYROLL OFFICE USING THE ELECTRONIC CASUAL PAYROLL CLAIM FORM AT:-**

<http://www.york.ac.uk/about/departments/support-and-admin/finance/receiving/casual-payroll-claims-process-and-help/>

### 1. PAYMENT OF EXPENSES

Payment will be made by BACS directly to the Bank/Building Society account supplied by the claimant.

### 2. AUTHORISATION

All claims must be signed by the claimant and authorised/checked by an authorised member of the Department in which the work was carried out

### 3. RECEIPTS

All claims must be supported by valid receipts as far as is practicable. [Excluding mileage]

### 4. TRAVEL

2nd class Rail or Bus fares will be paid. Travel by car will be at the University visitor mileage rate