



When completed in full, please print, sign and pass to an Authorised Signatory for approval. When authorised, send to Accounts Payable for processing.

EXPENSE PAYMENT

Document No:

EXP

Surname

Date (ddmmyy)

No of Claims for this Date

PLEASE ENSURE FORMS ARE TYPED, NOT HANDWRITTEN. ONLY YELLOW FIELDS NEED TO BE COMPLETED WHERE APPROPRIATE.

Date:

Payee Type (please mark X) ☐ Employee ☐ Student ☐ Other

Payee Name

Address Line 1

Address Line 2

Town/City

Post Code:

Supplier No (AP USE ONLY):

Payroll No.if Employee

UPI Number:

Total Amount (this is automatically populated with total from below) £0.00

Description:

Please mark X if BACS Payment (see note) ☐

BACS Form sent previously? (Y or N) ☐

Please mark X if Cheque Advance ☐

N.B. If you are an external individual or student, in order to be paid by BACS, please ensure you have attached a bank details form or confirm that this form has been sent to AP previously. Employees (normal expenses for employees should be claimed via iExpenses, this form is used by a limited no. of depts to pay Employees outside of their own dept) will automatically be paid by BACS into the account their salary is paid into. Please see forms at: http://www.ucl.ac.uk/finance/secure/fin_sys/employee_expense_bacs.htm

Please note that all fields on each line of the following part of the form are mandatory; if fields are left blank, the form will be returned. At least one line must be completed. If you are not sure of what codes to use, please liaise with your Departmental Finance Officer or Administrator.

Description (this will appear on the departmental transaction report)	Project Code	Task	Award	Expend. Type/ Analysis	Amount (Gross)

Total Amount of Claim:

£0.00

Analysis of Expenditure (Please attach supporting receipts, number and cross reference to the table below) If you have more than 8 receipts, please provide a spreadsheet detailing each receipt and attach this reconciliation to the form.

Ref	Date of Exp. (dd.mm.yy)	Purpose of Expenditure	Amount Foreign Currency	Rate	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Car Mileage

c.c:

No.of Miles

At:

p per mile

£0.00

Journey From:

To:

Total Amount

£0.00

I confirm that the above expenditure has been incurred as a result of UCL activities only. (Please ensure the form is signed by the claimant)

Claimant Signature:

Date:

Authorised Signatory Name:

This must be an Authorised Signatory with the requisite limit for the total amount of the claim.

Signature:

Date:

Instructions for completing the Expense Claim Form

- 1 Enter Date (e.g. 12-Apr-10)
- 2 Mark 'X' in the the relevant box (Employee / Student / Other)
- 3 Enter full First name and Surname (not just initials)
- 4 Enter address to which you want the cheque to be sent
PLEASE NOTE - if you have not used this address before for an expense claim, it may take a little longer to issue the cheque
- 5 Enter payroll number if 'staff' / UPI number if 'student' / leave blank if 'other'
- 6 Description = 'Reimbursement'

NB LEAVE 'TOTAL AMOUNT' BLANK

NB LEAVE SECOND SECTION AND TOTALS BLANK

- 7 Give date and details of expenditure for each receipt
- 8 Write total in final total box
- 9 Sign and date the claimant section of the form
- 10 If claiming from a specific account/grant, write account/grant code on post-it note and stick onto the signed form (e.g. CIXX)
- 11 Return signed form to Soheni Francis

NB LEAVE 'AUTHORISED SIGNATORY' SECTION BLANK

If posting back to UCL, please send the completed form and all original receipts and tickets to:

**Mrs Soheni Francis
UCL Maths Department
Gower Street
London
WC1E 6BT
ENGLAND**