Registration No.

Supplier ID

UNIVERSITY of York

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

Visitor / Student - Expenses Claim Form Version 10 March 2018

How to claim expenses help page

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

Name of Claimant Title_____ Forename_____ Initial ____ Surname _____

Address _____ Student No _____

_____ Email _____

Reason for claim _____

_____

DETAILS OF CLAIM (Please attach all receipts)

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

Travel Type*	Date	Travel From	Travel To	Miles	@p	Sterling Including VAT £	P	Currency
Other Expenses (Specify)								
					TOTAL			

Claimant

Signature _____

Date

Authorisation

Signature _____ Department _____

PRINT NAME Date

NOW COMPLETE FORM 2

Description to appear on reports in CAPITAL LETTERS

Account xxxx	Analysis xxxxx	Workorder xxxxxxxx	VAT Code			Excl VAT £	p	Excl VAT(Currency)
TOTAL								