**Expenses incurred on University business: Application for Reimbursement**

**FD1A**



 **for Visitors and Students**

 **UNIVERSITY OF CAMBRIDGE FACULTY OF LAW**

**This form must be completed in BLOCK CAPITALS.**

**LAST NAME**   **FIRST NAME**

|  |
| --- |
|   |

**TITLE**

**ADDRESS**

**EMAIL ADDRESS**

**Reimbursement will be made by bank transfer. Please provide a copy of your bank statement showing your name and address, your bank name and address and your account details. Other information can be redacted.**

**TRAVEL**

***(See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Purpose of Journey** | **From Time****Left** | **To Time****Arrived** | **Method e.g.****Air/Rail/Car** | **Mileage****Claimed at 45p** | **£** | **P** |
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**SUBSISTENCE/ACCOMMODATION ALLOWANCE/OTHER EXPENSES**

(***For business entertainment claims please attach details re the purpose of the entertainment, the names of all those in attendance and their institutions)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Nature of Expense** | **£** | **p** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Expenses***  |  |  |
| **Less Advances Taken** |  |  |
| **Total Claim** **I certify that I have incurred expenses of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the supporting vouchers are attached.** **I hereby apply for a reimbursement of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of Claimant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_****This claim form should be signed and returned with supporting receipts to Accounts Department, Faculty of Law, The David Williams Building, 10 West Road, Cambridge CB3 9DZ.**  |  |  |

 **ACCOUNTING CODES AMOUNT**

**Signature of Departmental Authorisation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**