UNIVERSITY OF DUNDEE

SCHOOL OF EDUCATION & SOCIAL WORK PRACTICE PLACEMENT - STUDENT CLAIM FOR TRAVEL

PLEASE SUBMIT CLAIM IN 4 WEEK BLOCKS ONLY

Complete clearly Sections 1 and 2, and relevant parts of Sections A, B, and C overleaf, in **BLOCK CAPITALS** Return the completed form to School with supporting documents attached for onward transmission to: expenses.ap@dundee.ac.uk

THIS CLAIM WILL ONLY BE AUTHORISED IF AGREEMENT HAS BEEN MADE PRIOR TO YOUR PLACEMENT

From			Department							Ext No						
ESW																
SECTION 1 - Payee Details - BLOCK CAPITALS																
Title First Name								Surname								
Direct Bank Transfer (BACS) Sort Code (6 digit number) Bank Account No (maximum 8 digits)											REMITTANCE DETAILS Address					
Son Code (6 digit number) Bank Account No (maximum 8 digits)											Address					
Bank Name and Address																
											Post Code					
Matriculation Number											E-mail Address for BACS Remittance Advice					
											@dundee.ac.uk					
SECTION 2 - Course Details																
Course Title									Year of Course							
DETAILS OF PLACEMENT: Name and Address of School / Placement:								Period								
								Claim								
									Number of Days Claimed							
										Claimant's Signature: Date						Date
	W	'EEK			PLE/	ASE S	STATE A	ATTEN	IDANCE				Au	thorised Sigr	nature	
	BEGINNI	NG DATE						ys stud	dent attended				(Practice Teacher)			
WEEK 1			Mon		Tue		Wed		Thurs		Fri					
WEEK 2			Mon		Tue		Wed		Thurs		Fri					
WEEK 3			Mon		Tue		Wed		Thurs		Fri					
WEEK 4			Mon		Tue		Wed		Thurs		Fri					
WEEK 5			Mon		Tue		Wed		Thurs		Fri					
WEEK 6			Mon		Tue		Wed		Thurs		Fri					
WEEK 7			Mon		Tue		Wed		Thurs		Fri					
WEEK 8			Mon		Tue		Wed		Thurs		Fri					
WEEK 9			Mon		Tue		Wed		Thurs		Fri					
WEEK 10			Mon		Tue		Wed		Thurs		Fri					
WEEK 11			Mon		Tue		Wed		Thurs		Fri					
WEEK 12			Mon		Tue		Wed		Thurs		Fri					
WEEK 13		Mon		Tue		Wed		Thurs		Fri						
WEEK 14		Mon		Tue		Wed		Thurs		Fri						
WEEK 15		Mon		Tue		Wed		Thurs		Fri						
SECTION 3 - SCHOOL AND FINANCE USE ONLY																
Financial Ledger		Project	Project Type		Budget Group		Fund Source		Budget		Nominal			Total		
Code Allocation		0,000	0,000 1 9 PG		Dauget Group		22 300.30		Centre				-			

ADDITIONAL INFORMATION FOR PLACEMENT TRAVEL

DETAILS OF CLAIM

A - PLACEMENT TRAVEL FOR PERIOD OF CLAIM										
Date	Travel From	Travel To	Bus Rate (round trip)	Daily mileage total @ 22.3p per mile	Daily Bridge Tolls	Total Daily Mileage & Bridge Tolls	Number of Days	Total		
						Tota	ΙΑ			
B - NORM	AL TERM TIME T	RAVEL FOR PE	RIOD OF CLAIM							
	Travel From	Travel To	Bus Rate (round trip)	Daily mileage total @ 22.3p per mile	Daily Bridge Tolls	Total Daily Mileage & Bridge Tolls	Number of Days	Total		
O TDAY										
C - TRAVEL CLAIM TOTALS										
Total A										
Less Tota	II B									

TOTAL TRAVEL CLAIM