

UNIVERSITY OF DUNDEE
REIMBURSEMENT OF EXPENSES/PAYMENT REQUEST
EXTERNAL/HONORARY STAFF

Claimant - Please return your completed form with itemised receipts combined to your Faculty/Directorate.

Faculties/Directorates - please ensure claim contains relevant coding and submit to expenses.ap@dundee.ac.uk

1. From	Department	
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2. PAYEE DETAILS - BLOCK CAPITALS		
First Name	Surname	
Email Address for Remittance		
Postal Address for Remittance Advice		
Address Line 1		
Address Line 2		Post Code
Payment within the UK - Direct Bank Transfer ***** UK BANKS ONLY *****		
Name of Bank	Sort Code (6 digit number)	Bank Account Number (maximum 8 digit number)

3 TRAVEL DETAILS - Road travel, please list journeys showing individual dates and mileage				
Travel from - date and time	Travel to	Purpose of Journey		
DETAILS OF CLAIM / EXPENDITURE Please number your receipts according to the listed details below		Mileage	Foreign Currency	Amount
1				
2				
3				
4				
5				
6				
7				
8				

Financial Ledger Code Allocation						
Project	Project type	Budget group	Fund source	Budget centre	Nominal	Amount
Project	Project Type	Budget Group	Fund Source	Budget Centre	Nominal	Amount
Project	Project Type	Budget Group	Fund Source	Budget Centre	Nominal	Amount
Project	Project Type	Budget Group	Fund Source	Budget Centre	Nominal	Amount

Total
£ 0.00

Claimant signature	Date