

Expenses Claim Form (for Non-Employees & Employees without iExpenses)

Rev. 178(12/03/2012)

User updatable cells



Claim Reference Number for Council use (optional)	
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1 Claimant's institution			
a Council		b University (if applicable)	

2 Claimant's Personal Details			
a Title		h Address - line 1	
b Surname		i Address - line 2	
c First name(s)		j Address - line 3	
d Email address		k Town/City	
e Phone		l County / State	Postcode / ZIP
f Supplier Number (only provide if requested to)		m Country	
g Currency of reimbursement (note iv)		n Je-S PID or Person Code (if applicable - this relates to Grants only)	

Reason for Claim	
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Notes for completing this form	
i	Use this form for Travel & Subsistence/Panel Fees/LTA payments/ Per Diems AND all cases where a claimant (including an employee) does not have access to Oracle iExpenses e.g. Mariners.
ii	Please send your completed claims form, along with supporting receipts to your approver at the Council (or to the person indicated by the Council when they sent you this form). Once approved, they will forward your claim to RCUK SSC Ltd for payment.
iii	All expenditure lines must be coded appropriately before the form is sent to RCUK SSC Ltd for payment. The Council will either have sent you this information already or will enter the data themselves. If the expenditure claimed on this form is chargeable to a project, please enter "Yes" in the Project Related Claim? box at the top of the details page. If not, enter "No". This will indicate what Coding information must be completed before submitting the form for payment.
iv	Box 2g is the currency in which you will be re-imursed, and must correspond with the currency of your bank account as notified to us in section 5 or previous claims. It is not necessarily the currency that you spent.

Total for Claim b/f from Details sheet	
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3 Certificate by Claimant	
I certify that: the expenses being claimed have been actually and necessarily incurred by me on business approved by the Reasearch Council; are in accordance with the rules of that organisation; and that I have not, and will not, make a claim for the same items to any other organisation. I also certify that at the time of the journey for which mileage allowance is claimed I was insured to cover liabilities to third parties.	
Claimant's signature:	Date Submitted:
Print Name:	

4 a) Authorisation - Approver		b) Countersignature (only required where approver is not on SSC Signatory Panel)	
Approver's signature:	Date	Authoriser's signature:	Date
Print Name:		Print Name:	
Approver's Contact Number	Approver's Email Address:	Authoriser's Contact Number	Authoriser's Email Address:

5 BANK DETAILS - THESE MUST BE PROVIDED EVERY TIME YOU RAISE A CLAIM, OTHERWISE WE WILL NOT BE ABLE TO PAY YOU.			
Country		* Account Name	
Bank Name		IBAN/Routing no.	
Branch Name		BIC & Swift Code	
* Sort Code		* Currency	
* Bank Account Number			
Building Society Roll Number		* denotes mandatory field	

Electronic Submission of Claims

Claimant

You can only submit this claim electronically if the Council has told you that you can.

Approver

Retained Finance will only accept this claim electronically (in Excel format or scanned, signed image) if it has been submitted by an authorised person .

If you are not an Authorised Signatory please forward this form to the appropriate person as per your local Council Operating Procedure.

Authorised Signatory

By submitting this claim electronically you are asserting that you have carried out all necessary checks to ensure this claim is valid. Do not send supporting documentation, receipts, tickets, etc. to RCUK SSC Ltd

