UNIVERSITY OF DUNDEE

REIMBURSEMENT OF EXPENSES/PAYMENT REQUEST
STUDENT

Claimant - Please return your completed form to School/Directorate with supporting documents combined with your claim

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

Please complete clearly, ALL relevant sections of this form in BLOCK CAPITALS.

1. From	Department	

2. PAYEE DETAILS - BLOCK CAPITALS

First Name	Surname

Email Address for Remittance	Dundee University Student Matriculation Number

School/Directorate

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

Claimant signature	Date