

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

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

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

1. From	Department	Ext No.
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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				Mileage	Foreign Currency	Amount
Please number your receipts according to the listed details below						
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