For payment details please complete clearly in block capitals in Section 2. For payment details please complete either Section 3 or Section 4. Complete Section 5, sign Section 8 and return form to the School. If National Insurance number has been provided, the School should complete the Authorisation box in Section 9 and send original copy to Payroll - if being treated as Self-Employed, then please scan form and receipts to expenses.ap@dundee.ac.uk.

1. REGISTRY USE ONLY												
Name					School				Ext No			
Student Name					Degree							
on the state of th												
2. PAYEE DETAILS												
First Name			Surna	ame								
Home Address												
Post Code Email Add												
EMPLOYED							S	ELF EMPLO	YED			
If you wish the University to treat you as an employee and deduct tax at source					, I	If you wish the	he University to	treat you a	s Self E	mployed	d:	
please complete the sections below. DATE OF BIRTH NATIONAL INSURANCE NUM				MDED		it is your responsibility to declare to HMRC any payment or fees made to you for work done.						es
DATE OF BIRTH NATIONAL INSURANCE NUMBER						This does not apply to reimbursement of expenses.						
3. PAYMENT WITHIN THE		David V.										
Sort Code (6 digit number) Bank Account Number (maximum 8 digits)						Bank Name and Address						
4. DAVMENT OUTWITH THE HIK. DIDECT DANK TRANSFER												
4. PAYMENT OUTWITH THE UK - DIRECT BANK TRANSFER BENEFICIARY ACCOUNT NAME												
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BENEFICIARY IBAN NUMBER												
BENEFICIARY BANK SWIFT CODE												
ABA ROUTING NUMBER / CLEARING CODE												
BENEFICIARY BANK NAME AND ADDRESS INCLUDING COUNTRY												
5. DETAILS OF EXPENDITURE / PAYMENT						Mileage Currency Amount				ANCE		
Please list payment details below and number receipts accordingly USE ON										ONLY		
Travel Details (if applicable) - Road travel, please list journeys, individually, sho TRAVEL FROM DATE OF TRA						tes / mileage	under details of	·			•	
TRAVEL FROM					VVLL			£	р)	£	р
1												
2												
3												
4												
5												
6. ORAL EXAMINATION - COMPLETE DATE IF APPLICABLE												
							TOTAL					
7. FINANCIAL LEDGER CO	DDF ALLOC	CATION (L	JNIVFR:	SITY	OF DI	JNDFF US	SE ONLY)					
Project TypeBudget Gro		AMOUNT IN GBP										
PA						YMENTS WITHIN UK						
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					IYPE	TYPE OF CURRENCY AMOUNT IN CURRENCY						
B. CLAIMANT'S SIGNATURE DATE					9. A	9. AUTHORISATION SIGNATURE				DATE		