

EXPENSES CLAIM FORM

Cardiff University Students' Union
Undeb Myfyrwyr Prifysgol Caerdydd

STAFF / STUDENT / EXTERNAL (Please circle as appropriate)

NAME:	
DEPARTMENT:	
EMAIL: (for Remittance)	
External Address: (Non Staff Expenses)	

ATTACH ORIGINAL RECEIPTS TO THIS FORM - FORMS WITH NO RECEIPTS WILL BE RETURNED

DATE:	DETAIL OF EXPENSE:	AMOUNT CLAIMED:

If claiming mileage: 45p per mile for the first 10,000 per year, 20p per mile thereafter

TOTAL EXPENSES CLAIMED	
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Non-staff must supply UK bank account details as payment will be made via BACS
Expenses for staff will be paid into their salary bank account

Bank Sort Code:

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Bank Account Number:

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I certify that the expenses claimed have been actually and necessarily incurred in the course of my official duties and that I have not, and will not, be reimbursed for them from any other source. I further certify that if my private vehicle has been used on behalf of CUSU business, it is insured for business use and has a valid MOT certificate where applicable.

I **have** / **have not** previously received an advance of £_____ against this claim

(Please delete as appropriate)

Signed (Individual)		Print Name:	
Signed (Staff/Line)		Print Name:	