BANGOR UNIVERSITY - TRAVEL & SUBSISTENCE EXPENSES REIMBURSEMENT FORM																					
- 1	support a claim, please fi	e this form to claim travel and associated subsistence costs whilst on University business. Do not claim private or non-university business. There are regulations regarding what may be claimed and what evidence is required to port a claim, please fill in this form in conjunction with the University travel and subsistence policy and financial regulations. Further information on travel & subsistence claims is available from the finance website ps://www.bangor.ac.uk/finance/pl. NOTE: Your car insurance must cover business travel to claim mileage allowance.																			
ĺ	Full name of Claima	Full name of Claimant:							Staff/Student/Supplier/ResourceID: Casual Wo						Status : (T	ick one)					
1								Yes:							Employee	: [Student:			
I												١	No:		Council M	ember:		Other:			
								* with employm						ct = No else	Yes						
İ	Email:																				
	University Departn Home Address (for																				
ĺ	Your Bank Sort Cod	ır Bank Sort Code: Account Name:																			
	Your Bank Account Number:																				
l	Or, if you require pay	yment	t to a for	eign baı	nk, pleas	se comp	lete the	e additional detail here:													
I	SWIFT:																				
I	IBAN:																				
ł													CoctC (i	Fknown):							
۱	Business Reason for Claim: CostC (if known):														_						
ŀ																					
l	(Please be specific, _I			cts/even	its and t	he name	es of sta	aff, studer	nts or fam	ily memb	ers who have acc	compani	ed you.)								
1	Period covered by	this c	laim:				l ₋ .							l., ,							
	Date:	Start 20_			End Date:						120			No. of Days:							
İ	Complete the reverse of this form by listing all receipts and information required to make a claim. Once complete, transfer the total costs to the summary below in section 8 and add the Cost Codes to be charged.																				
	Calculation of this	milea	ge clain	n (Reme	mber to	o add yo	our tota	ıl car mile	es to the o	cumulativ	re record)					Cumi	ılative Car	Miles this ye	ear		
ĺ	Higher Rate Car Mileage: Up to 10,000 annual miles							@ 45p per mile						=£	0.00	B/f M	iles				
ľ	Lower Rate Car Mileage: Over 10,000 annual miles					@ 25p per mile						=£	0.00	Add this Claim							
														C/fwd	Miles						
•	Total: 0.00						0 miles						Total	0.00							
ĺ																Amo	unt				
I	Project		Accou	nt	Category Description											£	рр	1			
l		550	550 Mileage Allowar				ars)							0.00							
542 Rail Fares - Standard 551 Other Travel Expenses 552 Other Travel Expenses 555 Hotels, Food & Subsiste 556 Conference Fees														0.00							
														0.00		1					
														0.00		1					
																1					
						•	Subsistence								0.00		1				
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						es									0.00		1				
	557 Hospitality												0.00		1						
ļ			810		Fuel for	r Hire Ca	ars/Con	npany Ve	hicles							0.00		-			
l		Other Total Amount Claimed for this Trip/Event									0.00		-								
					Total A	mount	Claime	d for this	Trip/Eve	nt						0.00		J			
١	Please read this ce			_						-											
I certify that I have actually and necessarily incurred the expenses in this claim and that the amounts claimed are in accordance with college regulations and cu certify that these expenses are wholly as a result of the discharge of my duties for the University and they have not and will not be claimed from another source												ilso									
	Signature of Claimant: Date:										Date:			20							
	Authorising Signature: Name:												Date:			20					
															e Office Only:	Checked By:					

receipt in the Highe the Lower for travel. purchase	a suitable col r Rate Columi r Rate Columr For Lost rece d, from whom	w. Number any receipts with the line number then enter the value of the umn. For mileage claims up to 10,000 annual miles, enter the mileage in n. Any additional mileage over 10,000 annual miles must be entered in n. Give the fullest details of all expenses, include dates, names and reason eipts, enclose an explanation of the loss and full details of what was etc. For foreign currency claims, complete the cost grid in Sterling but e used in the description of the expense.	HIGHER RATE CAR MILEAGE Up to 10,000 annual miles in this column	MILES at	BICYCLE MILEAGE	Pall Fare Sty	Omer 7.9	One For	Holes and	Confeen	Hospitally,	fue, High	** /**********************************
	Date	Description of expense (Date, Detail, Journey etc)				542	551	552	555	556	557	810	
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15													
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17													
18													
19													
		Add total from supplementary sheet(s)											
		Totals—Transfer to Section 8 Overleaf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00