UNIVERSITY OF LEEDS

University of Leeds
Finance
Leeds
LS2 9JT

UKTS

TRAVEL AND SUBSISTENCE EXPENSES FORM - UK CLAIMS ONLY

(Overseas travel to be claimed on the separate form - OSTS prefix)

Please refer to the University's financial policies and guidelines for clarification www.leeds.ac.uk/finance/policies/expenses

Name _____ (Block Capitals)

Department (Or address) _____

Personnel No./
Student ID No. or Visitor _____
(Please Specify)

Bank Sort-Code ___ ___

Bank Account Number

DETAILS OF CLAIM

Starting Point	Destination	Purpose of Trip	Date & Time From	Date & Time To

MILEAGE CLAIM

Car Mileage	Rate	Amount £	p

Individuals claiming Business Mileage must ensure that their vehicle insurance policy covers them for use on employer's business

Total mileage Allowance claimed	Debit 55030	5000 5001		

Cumulative mileage B/f from last claim

Total mileage claimed on this form

Cumulative mileage to carry forward

	Air Fares	Debit 55010	5005		
	Rail Fares	Debit 55020	5010		
	Accommodation	Debit 55200	5015		
	Meals	Debit 55210	5020		
	Conference Fees & Expenses	Debit 52020	5025		
	Other Travel Expenses	Debit 55000	5030		
	ADD Advance required	Debit 55040	5035		
	Deduct advance Previously received	Credit 55040	5035	(	)
	Ref				
				Total claimed / (repaid)	

PAYMENTS WILL BE MADE DIRECTLY TO YOUR BANK OR BUILDING SOCIETY BY BACS. PLEASE SUPPLY THE DETAILS ABOVE

Cost Object

I certify that the expenses claimed on this form were necessarily incurred in connection with the journeys shown, that I am due to receive the amount stated and that this claim is within the scale of allowances contained in the University's financial procedures.

Receipts supporting this claim are attached (to be retained in Faculty / Service).

Signed..... Date .....

INDEPENDENT AUTHORISATION MUST BE OBTAINED AND THE BOX OPPOSITE COMPLETED.

INDIVIDUALS MAY NOT APPROVE THEIR OWN EXPENSE CLAIM. AUTHORISATION SHOULD ALWAYS BE OBTAINED FROM AN APPROPRIATE AUTHORISED SIGNATORY.

I authorise payment of this claim and confirm that receipts have been provided as required.

Authorised _____

Name* _____

Position* _____ Date _____

*PLEASE PRINT

The authorisation box must be completed before the white copy is sent to the Finance Office for payment.
Further copies of this form can be obtained from Print and Copy Bureau