

**PAYMENT REQUEST FORM**

Please complete as much of this form as possible electronically

THIS FORM SHOULD BE RETURNED TO Simon.Hands@liverpool.ac.uk

|  |  |  |  |
| --- | --- | --- | --- |
| PAYEE NAME |  | CONTACT NO |  |

|  |  |
| --- | --- |
| FULL ADDRESS |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| TYPE OF PAYMENT  Please tick as appropriate | |
| STUDENT |  | STUDENT NO: |  | NON-STAFF | x | OTHER |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENTS: PLEASE ONLY COMPLETE THE BANK DETAILS SECTION IF THIS IS YOUR FIST CLAIM OR IF YOUR BANK DETAILS HAVE CHANGED**  NOTE – BANK ACCOUNT MUST BE IN THE NAME OF THE CLAIMANT | | | | | | | | |
| UK bank account to credit – for overseas bank accounts, please attach a separate sheet with full details | | | | | | | | |
| Sort Code |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |
| Name account is held in  e.g. your name |  | | | | | | | |

|  |  |
| --- | --- |
| Reason for Expense Claim  (e.g. attendance at meetings) | Attend Annual Meeting of UK Virtual Centre in Lattice Field Theory,  University of Plymouth, 18th-19th March 2024 |

(INCLUDING DATES OF VISIT(S) WHERE APPLICABLE) (50 CHARACTER MAXIMUM TO BE DISPLAYED ON AGRESSO GENERAL LEDGER)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSTING DETAILS | | | | | | | NET AMOUNT | |
| ACCOUNT | COST CENTRE | COMMITMENT REF | | DEPT 1 | DEPT 2 | VAT | £ | P |
|  | MFR10462 | UKLFT Virtual Centre | |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
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|  |  |  | |  |  |  |  |  |
| VAT CODES | S = STANDARD  L = LOWER RATE | | Z = ZERO  E = EXEMPT | M = MEDICAL  X = EU GOODS & NON UK SERVICES | | TOTAL |  |  |

SUMMARY OF MILEAGE CLAIMED PER JOURNEY

|  |  |  |
| --- | --- | --- |
| Date | Purpose of Journey and Destination  **(PLEASE INCLUDE ADDRESS/POSTCODES)** | No. of Miles  @ 45p/mile |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total miles claimed |  |
|  | Total amount claimed £ |  |

**PLEASE ENSURE THAT THE MILEAGE CODING DETAILS ARE ADDED TO THE POSTING DETAILS ABOVE**

|  |  |  |
| --- | --- | --- |
| Total amount of claim | Currency Type | Total Amount |
|  |  |

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DECLARATION BY CLAIMANT

I certify that:-

1. All expenses detailed on this form are claimed in accordance with the University’s Financial Regulations and made within 6 months of incurring the expenditure.

And that, if mileage is being claimed:-

1. The vehicle, for which the mileage allowance is claimed, is covered for full third party insurance, **for business use**, including cover against risk or injury to, or death of, official passengers and damage to property with ............................................................................................(insert Insurance Company). Business use is not automatically included in an insurance policy so it is advised to check this with your policy provider before entering their details
2. The vehicle is maintained in a roadworthy condition.

**I CONFIRM THAT ALL RECEIPTS HAVE BEEN ATTACHED AND THAT EXPENDITURE IS IN ACCORDANCE WITH THE UNIVERSITY’S REGULATIONS**

The University's Expenses Policy can be found at <https://www.liverpool.ac.uk/intranet/finance/resources/finance_policies/>

An agenda must be attached for all hospitality included (Corporate Card Hospitality Agenda), this can be found at <https://www.liverpool.ac.uk/intranet/finance/resources/finance_department_forms/>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature of Claimant |  | DATE  (DD/MM/YY) |  |  |  |
| Supervisor Signature |  | DATE  (DD/MM/YY |  |  |  |

**DEPARTMENT OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET CENTRE AUTHORISATION**  (MUST BE DIFFERENT FROM THE CLAIMANT AND A SIGNATORY FOR THE COST CENTRE/S QUOTED ABOVE) | | | | |
| **Will you be paying this claimant again**  This will determine if the claimant is set up as a supplier or paidas a sundry one off supplier | **YES** |  | **NO** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** (PRINT) |  | **SIGNATURE** |  |
| **DOCUMENT REF (UNIQUE)** |  | **DATE** |  |
| **DEPT CONTACT NAME** |  | **EXTENSION NO.** |  |
| **DEPARTMENT** |  |

Departments should retain the original receipts electronically but attach copies to the form they submit to us. The original receipts may be destroyed after one month providing the scanned/electronic image is legible, except where the claim relates to an EU project as the EU requires original receipts for audit.