



reimbursement. Payment will be made through the following month's Payroll, so that the relevant tax cost can be recorded and paid by the University.

An example of the expenses claim form is provided as Appendix A.

Any questions should be addressed to [ufsenquiries@admin.cam.ac.uk](mailto:ufsenquiries@admin.cam.ac.uk).

Appendix A



|              |                    |                                   |  |
|--------------|--------------------|-----------------------------------|--|
| Claim:       | EU Application Fee |                                   |  |
| Last Name:   |                    | First Name:                       |  |
| Payroll Ref: |                    | Last Four Digits of Bank Account: |  |
| Department:  |                    |                                   |  |
| Email:       |                    |                                   |  |

See Chapter 5b of the Financial Procedures Manual for guidance on completion and the Finance Division website for current rates.

**Other Expenses**

| Date      | Method                    | Receipt | Amount (£) |
|-----------|---------------------------|---------|------------|
| 25-Oct-18 | Other: EU Application Fee | (None)  | 65.00      |

|                    |       |
|--------------------|-------|
| Total Expenses     | 65.00 |
| Less Advance Taken | 0.00  |
| Total Claim        | 65.00 |

I confirm that the expenses claimed on this form have not previously been reimbursed by any other organisation

I certify that I have incurred expenses of **£65.00** and the supporting vouchers are attached. I hereby apply for a reimbursement of **£65.00**

Signature of claimant:

Date: DD / MM / YY

|            |                    |             |  |
|------------|--------------------|-------------|--|
| Claim:     | EU Application Fee |             |  |
| Last Name: |                    | First Name: |  |

**GL Coding Details**

| Expense Type | Method | Dept | Cost Centre | Source of Funds | Transact. Code | Amount (£) |
|--------------|--------|------|-------------|-----------------|----------------|------------|
| OTHER        | OTHER  |      |             |                 |                | 65.00      |

**General Coding Instructions**

Please use this box if you wish to split an expense over multiple codes.

| Accounting Codes | Amount(£) |
|------------------|-----------|
|                  |           |

Signature of Department Authorisation:

Print Name: DEPARTMENT ADMINISTRATOR

Date: DD / MM / YY

AP Supplier Number: