Name	•
Iname	•



Please Attach Receipts Here

Total expenses claimed:

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Date of Expense	Full Description of Expenses - including Reason for Travel	Receipt No.	P Miles	rivate Tra Rate	nsport Cost	Local Currency	Exchange Rate	Fares	Subsistence	Entertaining	Other
Totals for each Expense Type (£)											
Notes: All claims must be submitted within ONE MONTH of the expenditure being incurred. Attach original receipts and proof of exchange rate for foreign currencies (for example, bank receipt, credit card statement with card number removed, etc; as appropriate). For claims by private transport please identify the mileage rate (pence per mile) used to calculate the cost. Give full details for each item, in particular, claims for travel should indicate starting point, destination (and detours) and the reason for the journey.											

This section to be completed by the Visitor:		Visitor Expenses Claim Form - AP-005									
Visitor's Full Name			SURF	REY			Transaction No. (TP use only)				
Home address to which payment remittance should			Apar ID (<i>TP use only</i>) Version - April 2016 - Page 1 of 2								
be sent			This section to I	oe con	ompleted by Finance Services only:						
Post Code	Country		Currency (if not GBP)			Claim Date					
Email address			Reason for visit								
Faculty / Dept			e.g visiting Dr A N Otr	her							
Payment is requested as follows (tick and complete as appropriate)								Amount			
Beneficiary Name					1						
	by BACS transfer into my UK bank account as follows:				1						
Bank Name					1						
Sort Code	Account No				1				1		
or	by direct transfer into my OVERSEAS bank account as follows:								1		
Bank Name					I				1		
Account No									1		
Swift/BIC Code					1				1		
IBAN Number									1		
Bank Address					Та	otal amoun	t claimed (agreed overleaf)		1		
			Certification by an Authorised Finance Signatory								
Agent bank			I certify: that I am satisfied that this claim for reimbursement of expenses is properly due in accordance with the terms of the University of Surrey's Expenses Policy.								
(if applicable)			Signature			Name	Dat	e			
	penditure detailed on this form in respect of which reimbursement is curred as a result of my status as a visitor to the University of Surrey.		Where payment i ALL bank charge				bank account (see left), I co	nfirm that we acc	ept		
Signature	Date		This section to I	oe con	npleted by the B	Budget Ho	lder:				
Deliberate falsification of an expense claim is a serious offence which may lead to			Project Code								
prosecution.			Signature			Name	Dat	e			

AP-005 Visitor Expense Form - March - 2016