

**Instructions to complete the EXPENSES CLAIM FORM
For
Joint Annual Collaborators' Meeting 2025**

1. Please read the instructions and use EXAMPLE (page 2) as a reference when filling out your EXPENSES CLAIM FORM
2. Please retain all travel related receipts and attach scanned receipt to your expense claim. Receipt must be ORIGINAL (i.e Self-made receipts or simplified versions are not acceptable) If you are unable for any reason to be able to do so, please attach a covering note giving reason(s).
3. Name of Department you are claiming from is **NDPH**
4. In the top right corner of the form please write your study team name in block capitals
5. Complete CLAIMANT/PAYMENT DETAILS. CLAIMANT's name must match bank account name.
6. Complete PAYMENT DETAILS for reimbursement of funds
7. Complete TRAVEL EXPENSES. For Mileage claims, please attach a Google map route indicating return mileage and complete the first tabulated box under TRAVEL EXPENSES. This is calculated at 0.45 per mile.
8. List any SUBSISTENCE in relation to your travel. For delegates arriving on Wednesday 14 May, the maximum charge for dinner should be £25. This must be supported by receipts.
9. Claimant Signature – Please sign and date
10. The bottom table (BUDGET/COST CODING) will be completed by Oxford staff (i.e. leave it blank)
11. Create an email containing, within the body of the email, the following statement.

'I (name) confirm that the claim for reimbursement of (amount £0000.00) whilst on University business during the period (date range) is in respect of bona fide business expenses, incurred wholly, exclusively and necessarily on behalf of the University.'
12. Please send your EXPENSES CLAIM FORM to : heartrenalmeetings@ndph.ox.ac.uk
13. Please address any queries via email to : heartrenalmeetings@ndph.ox.ac.uk

EXPENSES CLAIM FORM - CLAIMANTS EXTERNAL TO THE UNIVERSITY

Staff and students claiming reimbursement of expenses should submit claims via SAP Concur.
Please download form - completing the form in your web browser may not retain all data.
Please see guide to completion at the end of this document to assist you in correctly completing this form.



Name of Department you are claiming from: NDPH

ABC-Trial.

CLAIMANT / PAYEE DETAILS (see note 1)

Name: John Smith
 Address: B House, Portland Place, London, W1A 1AA
 E-Mail: Johns4@nhs.com Tel. Number: 07787000XXX

PAYMENT DETAILS (note 2)

Either UK Bank Sort Code: 12-34-56 UK Bank Account Number: 00654321
 Or IBAN: _____
 Swift: _____
 Non UK Bank Account Number: _____
 Name on Account: _____
 Non UK Bank Name & Address: _____
 Non UK Bank Code: _____
 Further Credit (if applicable): _____

TRAVEL EXPENSES (continue on 'Extra Lines' sheet as required) (note 3)

Start Date	End Date	Travel From	Travel To	Means	Miles	Curr Amount	Curr	Exch	Amount
15/May/2025	15/May/2025	Newquay	London Gatwick	Air			GBP		40.00
1		Purpose of Journey: <u>Joint Annual Collaborators' Meeting 2025</u>							
16/May/2025	16/May/2025	London Gatwick	Newquay	Air			GBP		75.00
2		Purpose of Journey: <u>Joint Annual Collaborators' Meeting 2025</u>							
15/May/2025	16/May/2025	London Gatwick	Victoria	Train			GBP		35.20
3		Purpose of Journey: <u>Joint Annual Collaborators' Meeting 2025 / Gatwick Express Train (Return)</u>							

SUBSISTENCE / OTHER EXPENSES (continue on 'Extra Lines' sheet as required) (note 4)

Start Date	End Date	Item Description	Curr Amount	Curr	Exch	Amount
EXAMPLE						
				GBP		
				GBP		
				GBP		
				GBP		
				GBP		
				GBP		

Declaration (note 6): I confirm this claim is in respect of bona fide business expenses, incurred wholly, exclusively and necessarily on behalf of the University and are in line with the University's expenses principles.

TOTAL: (this sheet - note 5) 150.20

Plus: sub-total extra sheets

Claimant Signature: John Smith

Date: 20/May/2025

Less: funded from non-University sources

Budget-holder Check: _____

Date: _____

BALANCE NOW CLAIMED (note 5) 150.20

Authorisation (note 7): _____

Date: _____

BUDGET / COST CODING (for department use only) (note 8)

GENERAL LEDGER	GROSS AMOUNT	VAT AMOUNT	CODE (note 9)	COST CENTRE	NATURAL ACCT	ACT	SOURCE OF FUNDS	ORG	FUTURE
									000000
									000000
									000000
									000000

PROJECTS	GROSS AMOUNT	VAT AMOUNT	CODE (note 9)	PROJECT	TASK	EXPENDITURE TYPE	EXPENDITURE ORG

< Checksum: this total should agree with the Balance Now Claimed

Form: R12 ExpExternal v1.0

Feb-22