## Instructions to complete the EXPENSES CLAIM FORM For Joint Annual Collaborators' Meeting 2024

- Please read the instructions and use EXAMPLE (page 2) as a reference when filling out your EXPENSES CLAIM FORM
- 2. Please retain <u>all</u> 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 15 May, the maximum charge for dinner should be £25. This must be supported by receipts.
- 9. Claimant Signature Please sign and date
- 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 : <a href="mailto:heartrenalmeetings@ndph.ox.ac.uk">heartrenalmeetings@ndph.ox.ac.uk</a>

## EXPENSES CLAIM FORM - CLAIMANTS EXTERNAL TO THE UNIVERSITY

Staff and students should submit claims via SAP Concur:

https://finance.admin.ox.ac.uk/expenses



Name of Department you are claiming from: NDPH ABC-Trial CLAIMANT / PAYEE DETAILS Smith John B House, Portland Place, London, WIA 1AA Address: 07787000XXX Tel. Number: Johns 4@nhs. com E-Mail: PAYMENT DETAILS 12 - 34 - 56 UK Bank Account Number: 0065432 UK Bank Sort Code: Either Swift Non UK Bank Account Number: Non UK Bank Account Name: Non UK Bank Name & Address: Non UK Bank Code: TRAVEL EXPENSES (continue on 'Extra Lines' sheet as required) 40.00 16 May 2024/16 May 2024. Newquay London Gatwick Air GBP Joint Annual Collaborators Meeting 17May 2024 17 May 2024 London Gatwick Newquay Air 2 Purpose of Journey: Joint Annual Collaborators? Meeting 75.00 35.20 16 May 2024 17 May 2024 London Gatwick Victoria Train Joint Annual Collaborators Meeting 2024 Gatwi K Express Train (Return) SUBSISTENCE / OTHER EXPENSES (continue on 'Extra Lines' sheet as required) Start Date End Date GBP GBP GEP CRP CBF GBP CHE I confirm that the claim is in respect of bona fide business expenses the University. 150.20 TOTAL: (this sheet) Plus: sub-total extra sheets Dune 20 May 2024 Less: funded from non-University sources BALANCE NOW CLAIMED 150.20 Budget-holder Check Budget hover to counter-sign alterns BUDGET / COST CODING (for department use only) NATURAL ACCT COST CENTRE ACT SOURCE of FUNDS FUTURE GROSS AMOUNT VAT AMOUNT 000000 GENERAL nonono 000000 000000 EXPENDITURE TYPE PROJECT PROJECTS < Checksum: this total should agree with the Balance Now Claimed Form: R12 ExpExternal v1.0 Apr-21