

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

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 15 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

