EXP 3 - AUG 11 - UK AND OVERSEAS VISITOR CLAIM FOR REIMBURSEMENT OF EXPENSES

	EXP	3 - AUG 11	- UK AN	ND OVERSEAS	VISITOR CL	AIM FOR RI	EIMBUR	RSEMENT	T OF EXPENS	<u>ES</u>	(CARDI	IFF
SCHOOL or	or DIRECTORATE			PHYSX	Form	Form Version 1.1		1st August 2011			UNIVERSITY		
ORACLE SUPPLIER NUMBER							Inv Ref / Detail to be quoted on remittance advice		mmer			CAERDYD	
CLAIMANT I	DETAILS (PLEAS)	E COMPLETE A	LL SECTION	NS IN BLOCK CAPITAL	LS)								
Title						Barcode (fii use only)	nance ::						
Surname													
Forenames	,												
Address													
					1	Cheque ma		le to:					
Home Posto	code			Vehicle Regn.		Owned by	me		Owned by Com	pany		Hire car	
	!			nger, name needs to				Date of	Mode of Trav	/el			
Date		urpose of Journey / Name of Passenger		From	То	Return	Го	return	(dropdown list)		No. of miles	£. p	
				<u> </u>									
				<u> </u>			i_				<u> </u>	 	0.00
TRAVEL: OT	THER					,							0.00
Date	Receipt Numb	nber Purpose		of Journey	From	То		Return To	Date of return				£.p
													<u> </u>
	<u>-i</u>				<u> </u>		·			<u>:</u>			0.00
SUBSISTEN	ICE/OTHER EXPE	ENSES											
Date	Receipt Numl	nber Details of Expenditure						R	Reason				£.p
												 	0.00
FEE PAYME	NT (will only be រុ	paid if declara	ition box h	as been ticked)									
Date	-	of fee(s) payab	le by the U	Iniversity									£. p
23/08/15	Speakers fee £10	10											
Declaration: I	confirm that the co	ontent material o	of the lecture	e/s were neither deter	mined or controlle	ed by the Universi	y and I hav	ve not been ir	nvited to lecture for	more tha	an 3 days in		0.00
total in any 3 o	consecutive months	S							TOTAL	CI AIM	ien		0.00
							<u> </u>	. Tro I Madaa		ULA	ED		0.00
Claimant Signature: Date: 31/08/1 By signing I confirm that this claim is compliant with the financial procedures and regulations of Cardiff University						/15		Iditional Notes FC Summer sc					
and that no other	r claim has been or wil	Il be made for the e	expenditure ag	gainst the University or any	other organisation								
Budget Holder S	Signature: ounter-sign claims where re	eauired by School or D	Directorate proced	Date:	<u> </u>								
Financial Autho				Date:									
		r of digits in h	rackate)										
COST CENTRE (5)		ANALYSIS CODE (10) ACCOUNT CODE				DE (5)	E (5) GROSS AMOUNT Claim			tes check	ed by:		
										Description	on:		
PROJECTS	1				· <u> </u>				<u> </u>				
PROJECT N ACRON	l II	PROJECT NUM new codes, 7 ol		EXPENDITURE TYPE		TASK NUMBER		UMBER	EXP OR		ORG	GROSS AMO	UNT