**BCU Group - GENERAL EXPENSE CLAIM FORM**

CLAIMANT DETAILS

|  |  |
| --- | --- |
| Claimant Name: |  |
| Student Email |  |
| Student ID No |  |
| Address *(including post code)* |  |

|  |  |
| --- | --- |
| Bank name  |  |
| Bank address*(including post code)* |  |
| Account Number |  |
| Sort Code /Swift/BIC/IBAN |  |

|  |  |
| --- | --- |
| If Foreign Remittance, Currency & Country of Remittance |  |

EXPENSES :

|  |  |  |  |
| --- | --- | --- | --- |
| Date Expense incurred*(DD/MM/YY)* | Expense details *(Type: Parking, Car rental, Taxi, Air travel, mileage, etc.)****You must state location and purpose*** | Coding *(BCU Requester to complete)*Entity/Nominal/Cost Centre/Project Code | Amount |
|  |  |  |  |
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| --- | --- |
| TOTAL CLAIM |  |

PURPOSE (Please state details for amounts claimed)

AUTHORISATION

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Claimant: |  | BCU Business Area/Faculty |  |
| BCU Requester signature: |  | Date:*(DD/MM/YY)* |  |
| BCU Requester Name & Job Title: |  |
| Budget Holder Name & Job Title |  |
| Budget Holder Signature |  | Date:*(DD/MM/YY)* |  |

*Please scan and email completed & duly signed form along with receipts/supportings for the claim to* *financeexpenses@bcu.ac.uk*