



OFFICIAL SENSITIVE

Claimants please complete in full and return to your named contact at the relevant council within 60 days.
All UKRI expenditure is met from public funds, therefore it is imperative that there is full compliance with the UKRI Travel, Subsistence and Expenses policy [Travel and Subsistence Policy \(ukri.org\)](https://www.ukri.org/policies/travel-and-subsistence-policy)

STFC

Julie.gilbert@stfc.ukri.org

Email address (mandatory in case of query):

Description and date of meeting(s) or visit(s)	Location

To be completed in full by claimant. To add more lines, press tab key in box marked with a ***

[illegible]

	Total expenses		
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UKRI STAFF- use this column to indicate which expenditure line corresponds to which accounting string line if multiple budget codes apply to the claim e.g. use A, B, C or 1, 2, 3

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Payment instructions (mandatory)

Payment will be made directly to the specified account, which must be supplied on every claim as the details are not held centrally. Please carefully check the details supplied. If the incorrect details are provided, a duplicate payment will not be issued until the initial payment has been returned.

Name of bank/building society	
Account holder's name	
Sort Code (6 digits)	
Account Number (8 digits)	

How we use your Personal Information – We will not share your personal information with another third party other than UK SBS Ltd and will solely be used for the purposes of processing the claim, audit purposes, and fraud prevention. For further information on how we use your information and your rights under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), please refer to our [UKRI Privacy policy](#). Any questions in respect of your personal details can be made to dataprotection@ukri.org.

Declaration (claimant to complete)

I declare that:

- I made the journeys detailed in this claim and that the expenses charged have been actually and necessarily incurred on the relevant council's official business
- the allowances claimed are in accordance with the relevant council's rules and that no other claim in respect of any of the items has been made or will be made against the relevant council or any other organisation
- where overnight accommodation and expenses are claimed I necessarily stayed away from home and work overnight
- where mileage is being claimed, I hold a valid driving licence and my motor insurance policy covers the use of the vehicle for official business.
- I have read and understood the above statement on personal details and am content for my personal details to be used in such a way.

Signature of claimant (actual signature preferred, but electronic or typed signature ok):

Date:

For Councils use only

Please supply full accounting string below

Ref #	Company Code	Business Unit	Cost Centre	Account Code	Project No.	Task No.	Analysis Code	Analysis Code
				3028			0000	0000

Check	Please confirm check made
Have the personal details been entered in full?	Y
Have the bank details been supplied?	Y
Has the claimant signed the declaration?	Y
Did the claimant attend the meeting(s)?	Y

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Is the claim arithmetically correct?	Y
Does the claim comply with the Travel, Subsistence & Expenses Policy?	Y
Are receipts supplied and do they reconcile with the claim?	NA

Paid Fees: *If fees are to be paid please complete boxes below:*

No of half days:		Amount to be paid: £					
Company Code	Business Unit	Cost Centre	Account Code	Project No.	Task No.	Analysis Code	Analysis Code
ST	E001	7AHAD	2010	STAH00013	01	0000	0000

I confirm that the above checks have taken place and the claim and any associated meeting fees are authorised for payment:

Signed: _____ Print name: _____ Date: _____

For Secondary Approvers signature if required:

Countersigned: _____ Print name: _____ Date: _____

Once countersigned, please send form and all associated documents to the NEE Mailbox (NonEmployeeExpenses@ukri.org) for processing

UKRI Finance use only

Signed: _____ Date: _____