Rev 21-03-20

OFFICIAL SENSITIVE

Non-UK Bank Account Non-Employee Expenses Claim Form

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
https://www.ukri.org/files/termsconditions/rcukukriterms/travel-subsistence-and-expenses-pdf/

STFC

Please enter relevant council:-
Council Contact: Jemma Wilson

Personal details

First/Given Name(s):
Family/Surname(s):
Address:
Email address (mandatory in case of query):

Meeting details

Description and date of meeting(s) or visit(s)	Location
STFC BUSSTEPP – 29 August - 9 September 2022	Imperial College London

Details of business expenses incurred

To be completed in full by claimant.

Date	Full particulars of journey *(Type of travel, address of overnight accommodation, reason for taxi etc..)*	Mode of transport and class	Mileage (if by car)	Other expenses *(Meals, Accommodation, Parking etc..)*	Amount	
				Total expenses		

Total in £ _____ Currency to be used _____ Total to be paid in currency _____

(Please use www.xe.com/currencyconverter)

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	
Branch name and address	

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Account holder's name	
Account Number	
Swift Code	
IBAN	
Routing No./IFSC/Transit No./CLABE	
Intermediary Bank Details (if required)	
Name of bank/building society	
Account Number	
Swift Code/Sort Code	
IBAN	
Routing No./IFSC/Transit No./CLABE	
Currency	

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 notice. 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 signature ok): **Date:**

For Councils use only

Please supply full accounting string below

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?	
Have the bank details been supplied?	
Has the claimant signed the declaration?	
Did the claimant attend the meeting(s)?	

UK Research and Innovation

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

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**
			2010			**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 AHRC/ESRC claims over £500 (to be completed by Grade F or above):

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: