



PAYMENT REQUEST FORM

Please complete as much of this form as possible electronically
THIS FORM SHOULD BE RETURNED TO THE DEPARTMENT FINANCE TEAM

PAYEE NAME		CONTACT NO	
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FULL ADDRESS	
EMAIL ADDRESS	

TYPE OF PAYMENT Please tick as appropriate							
STUDENT		STUDENT NO:		NON-STAFF		OTHE R	

STUDENTS: PLEASE ONLY COMPLETE THE BANK DETAILS SECTION IF THIS IS YOUR FIRST CLAIM OR IF YOUR BANK DETAILS HAVE CHANGED

NOTE – BANK ACCOUNT MUST BE IN THE NAME OF THE CLAIMANT

UK bank account to credit – for overseas bank accounts, please attach a separate sheet with full details							
Sort Code							
Account Number							
Name account is held in e.g. your name							

Reason for Expense Claim (e.g. attendance at meetings)	
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(INCLUDING DATES OF VISIT(S) WHERE APPLICABLE) (50 CHARACTER MAXIMUM TO BE DISPLAYED ON AGRESSO GENERAL LEDGER)

POSTING DETAILS				NET AMOUNT	
ACCOUNT	COST CENTRE	DEPT 1	VAT	£	P
VAT CODES			S = STANDARD L = LOWER RATE	Z = ZERO E = EXEMPT	M = MEDICAL X = EU GOODS & NON UK SERVICES
			TOTAL		

SUMMARY OF MILEAGE CLAIMED PER JOURNEY

Date	Purpose of Journey and Destination (PLEASE INCLUDE ADDRESS/POSTCODES)	No. of Miles @ 45p/mile

Total miles claimed
Total amount claimed £

PLEASE ENSURE THAT THE MILEAGE CODING DETAILS ARE ADDED TO THE POSTING DETAILS ABOVE

Total amount of claim	Currency Type	Total Amount

DECLARATION BY CLAIMANT

I certify that:-

1. All expenses detailed on this form are claimed in accordance with the University's Financial Regulations and made within 6 months of incurring the expenditure.

And that, if mileage is being claimed:-

2. The vehicle, for which the mileage allowance is claimed, is covered for full third party insurance, **for business use**, including cover against risk or injury to, or death of, official passengers and damage to property with(insert Insurance Company).
Business use is not automatically included in an insurance policy so it is advised to check this with your policy provider before entering their details
3. The vehicle is maintained in a roadworthy condition.

I CONFIRM THAT ALL RECEIPTS HAVE BEEN ATTACHED AND THAT EXPENDITURE IS IN ACCORDANCE WITH THE UNIVERSITY'S REGULATIONS

The University's Expenses Policy can be found at

https://www.liverpool.ac.uk/intranet/finance/resources/finance_policies/

An agenda must be attached for all hospitality included (Corporate Card Hospitality Agenda), this can be found at

https://www.liverpool.ac.uk/intranet/finance/resources/finance_department_forms/

Signature of Claimant		DATE (DD/MM/YY)			
Supervisor Signature		DATE (DD/MM/YY)			