PRIFYSGOL ABERYSTWYTH UNIVERSITY

ADVANCE EXPENSE REQUEST FORM

Please give at least one week's notice

CLAIMANT: (*Name, title & all initials)*	**STAFF/STUDENT NUMBER**	
Department / Address		
Travel Dates : From To	**Anticipated Expenditure**	**Summary** **£**
Reason for Travel	**Conference Fee**	
Destination	**Estimated Mileage**** 1st 200 miles **Mileage @£0.40**	
	Excess of 200 miles **Mileage @£0.20** (Current motorcycle rate 24p/12p per mile	
Declaration I declare that the total advance requested will be used by me solely in the course of the University's business. I confirm that I will send an expense claim form with full details of actual expenditure incurred, together with supporting documentation, and refund any unused monies within one month of my return.	**Public Transport / Fuel**	
	Accommodation	
	Subsistence	
Signed : ……	**Hospitality** (please complete a Record of Hospitality form and attach to this claim)	
Dated :	**Total Advance Requested**	
Authorisation I certify that the aforementioned member of staff/student should be advanced the sum indicated, to assist him/her in respect of travel and related expenses.	**Original** receipts must be submitted on return to verify the authenticity of all expenditure. Receipts are required for **ALL** items other than small, incidental expenses up to **£4.12** where it is not practicable to obtain a receipt	
Signed : ……		
Dated :		

Expenditure Allocation					
Account	*Work order*	*Product*	**£**		
4009		**N/A**			
		Total Advance Requested			

****Staff should ensure that their insurance covers their car on University business and should only carry passengers if the policy permits**