# THE UNIVERSITY of York

TOTAL

IMPORTANT Please read notes

| Heslington, York YO1   | 10 5DD. T       | eleph             | one (  | 0190                         | 4) 43211              | 2       |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|--|-----------------|-------------------|--------|------------------------------|-----------------------|---------|-----|-------------------|-----------|-----------------|-----------------|------------|-------------|--|---|-------|---------------------------|---|-------------------------|---------------------------|--|
| Interview Expense  | es Claim        | Form              | ı      |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Name of Claimant   | nt <u>Title</u> |                   |        |                              | Forename              |         |     |                   |           | Initial Surname |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Recruiting Department  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Vacancy Ref & Job Title  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| BANK DETAILS (If chan  | ged bank o      | or 1st c          | laim)  |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Bank Name  |                 |                   |        |                              |                       |         |     |                   |           |                 | Private Address |            |             |  |   |       |                           |   |                         |                           |  |
| Address  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Sort Code  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| A/C No.  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Reason for Claim   |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| DETAILS OF CLAIM (Ple  | ease attach     | all rec           | eipts) | )                            |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| *State: Car / Air Travel / Taxi / Rail / Bus Fare (<br>Travel Type* Date |                 |                   |        | e (2nd class)<br>Travel From |                       |         |     |                   | Travel To |                 |                 |            | Miles       |  |   | @p    | Sterling<br>Including VAT |   | Cur                     | Currency<br>Including VAT |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   | er    | £ p                       |   |                         | £ p                       |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       | ~                         | P | ~                       | P                         |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Other Expenses   |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| (please give details)  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   | TOTAL |                           |   |                         |                           |  |
| Claimant   |                 |                   |        | 1                            | Auf                   | orisati | on  |                   |           |                 |                 |            |             |  |   | -     |                           |   |                         |                           |  |
| Signature  |                 |                   |        |                              |                       | ature   | ••• |                   |           |                 |                 | Doporte    | mont        |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              | -                     |         |     |                   |           |                 |                 | Department |             |  |   |       |                           |   |                         |                           |  |
| Date   |                 |                   |        |                              | Print                 | Name    |     |                   |           |                 |                 |            | Date        |  |   |       |                           |   |                         |                           |  |
| Registration No.   |                 |                   |        |                              | Supplier No.          |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
| Description to appear on reports   |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  | _ |       |                           |   |                         |                           |  |
| Account  |                 | Analysis<br>xxxxx |        |                              | Workorder<br>xxxxxxxx |         |     | Product<br>xxxxxx |           |                 |                 |            | VAT<br>Code |  |   | £     | el VAT<br>p               |   | Excl VAT(Currency)<br>£ |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   | ~     | P                         |   | ~                       | р                         |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  |                 |                   |        |                              |                       |         |     |                   |           |                 |                 |            |             |  |   |       |                           |   |                         |                           |  |
|  | 1               |                   |        |                              |                       |         | 1   |                   |           |                 |                 |            |             |  |   |       |                           | 1 |                         | 1                         |  |

# NOTES TO THE EXPENSE CLAIM FORM

# 1. PAYMENT

Payment will be made by BACS directly to your Bank/Building Society account. Please complete details overleaf

## 2. AUTHORISATION

All claims must be signed by the claimant and authorised/checked by the HR Department

[It is the responsibility of the applicant to check with the HR Department prior to incurring an expense if there is any doubt as to its subsequent recovery]

## **3. RECEIPTS**

All claims must be supported by valid receipt as far as is practicable. [Excluding mileage]

#### 4. TRAVEL

Travel should be made using the most cost effective/efficient means and should normally be Standard Class Rail Fare.

For individuals who live approximately 20 miles outside of York travel expenses are reimbursed as follows:

- \* Cost of a return standard class rail fare to York. When possible, off-peak trains should be used.
- \* Any claims for car mileage will be reimbursed at the University's visitors' rate (23p per mile) or the equivalent to the second class rail fare (whichever is the lowest).
- \* The cost of taxi fares between York railway station and the University
- \* For candidates travelling from overseas the cost of an economy airfare.

#### 5. MEALS AND REFRESHMENTS

The University will only cover the cost of of breakfast and an evening meal (including refreshments) for individuals who have to stay overnight, and only to a maximum of £20 per night.

#### 6. ACCOMMODATION

The University will meet the cost of the overnight accommodation where this is necessary because of the distance a candidate has to travel to attend for interview, or they can demonstrate that it is more economical to stay overnight

Any reimbursement for accommodation must be agreed with HR Services in advance. The University will not normally reimburse accommodation directly booked by candidates, and any reimbursement will be up to the equivalent cost of University accommodation.

#### 7. GENERAL

The University will not normally refund expenses if the individual is offered an appointment and subsequently rejects it