Claim Form for Fees, Casual Payments and Related Expenses
This form should only be used for any type of work of a casual or irregular nature.

TO AVOID DELAY IN PAYMENT PLEASE COMPLETE ALL SECTIONS CORRECTLY - SEE NOTES OVERLEAF

<table>
<thead>
<tr>
<th>REGISTRATION NO</th>
<th>PAYROLL NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURNAME</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>FORENAME</td>
<td>NI NUMBER</td>
</tr>
<tr>
<td>TITLE</td>
<td>NATIONALITY</td>
</tr>
</tbody>
</table>

PERSONAL ADDRESS

EMAIL ADDRESS:

CAMPUS ADDRESS:

Disability:
Have you a disability that is covered by the Equality Act 2010?

YES / NO

Ethnicity: Please select only ONE of the choices below:

- White:
  - British
  - Irish
  - Other White Background

- Mixed:
  - White & Black Caribbean
  - White & Black African
  - Other Mixed Background

- Asian or Asian British:
  - Indian
  - Pakistani
  - Bangladeshi

- Black or Black British:
  - Caribbean
  - African
  - Other Black Background

  Chinese

Other Ethnic background

Other White Background

Other Black Background

Other Asian Background

WORKED FOR

SCHOOL

UNIT

AT

VENUE

SUPERVISOR

DATES WORKED

NATURE OF WORK

RATE

HOURS

SUB TOTALS

TOTAL

Is this your last claim for work at the University? If yes we will issue your P45.

YES / NO

EXPENSES

<table>
<thead>
<tr>
<th>TRAVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage per journey</td>
</tr>
<tr>
<td>No. of journeys</td>
</tr>
</tbody>
</table>

RAIL / BUS FARE

Please attach receipts

TOTAL

ACCOUNT CODES TO BE CHARGED

<table>
<thead>
<tr>
<th>ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-PROJECT</td>
</tr>
</tbody>
</table>

Split - hrs % or other

AUTHORISED

I confirm I have the right to work in the UK, have carried out the work set out above and am not working in contravention of any restriction on this right.

CLAIMANT’S SIGNATURE

DATE

I confirm I have checked and photocopied original documents confirming the above named has the right to work in the UK and have passed visa information to Human Resources (if relevant). I also confirm that this work has been carried out.

SUPERVISOR’S NAME, JOB TITLE AND EXTENSION

SUPERVISOR’S SIGNATURE & DATE