



### PhD Claim for Travelling and Subsistence Allowances

This form should be used for your **FIRST CLAIM** and to **ADVISE OF ANY BANK CHANGES**. Subsequent claims should be via Concur. You **MUST** send this claim and your receipts to your department after completion.

(Note: all claims should be submitted within 3 months of the expenditure being incurred)  
([Faq website](#))

BP number (Payroll use only) :			
Full Name :		Department :	
University ID :		University email :	
UK Bank/Building Society details			
Bank account :		Sort code :	
Name on Bank account :			
<a href="#">UK Bank/Building Society details: (If you have a foreign bank account, please complete and attach the form "Foreign Bank Account Details")</a>			

Details of Travelling and Subsistence Expenses Incurred
<b>MILEAGE</b> :In claiming business mileage for the use of my private vehicle, I confirm that I have valid & appropriate vehicle insurance for business use, my vehicle has a valid road fund licence & MOT certificate & my vehicle is serviced & maintained in a safe & roadworthy condition. (The University of Warwick reserves the right to check documents & inspect private vehicles at any time).

MILEAGE - Distance travelled in a personal vehicle only - Rates in £ per mile - Car: 0.45 - Students: 0.25 - Motorcycle: 0.24 - Bicycle: 0.20

Date	Travel To & From	No of Miles	Business Purpose	@	0.45	Amount

SUBSISTENCE / OTHER EXPENSES - Please list BOTH GBP conversion & foreign value if applicable  
[Current hotel & subsistence rates can be found here](#)

Receipt Ref	Date DD/MM/YY	Expense/Travel/Meal type - Breakfast, Lunch, Evening Meal, Train, Taxi, etc	BUSINESS PURPOSE: Date - Place - Purpose (purpose needs to state the reason for the costs being incurred, e.g conference)	GBP	Foreign
<b>Total :</b>				<b>0.00</b>	<b>0.00</b>

I request reimbursement of the expenses, specified above, incurred necessarily on University business. I confirm that I have personally incurred the expenditure and have not reclaimed it by any other method.

Signature of Claimant :		Date :	
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Expenditure Codes		
GENERAL LEDGER CODE	COST CENTRE / PROJECT / INTERNAL ORDER	AMOUNT

Department Signature :		Date :	
Print name and title :			
Default Cost collector :		BI Manager ID :	
Default Approver ID :			

Please note, we ask that you read our updated [Staff Privacy Notice](#) carefully as it contains important information on how and why we collect, store, use and share your personal data, your rights in relation to your personal data and who to contact in the event that you have a query or complaint.

Expense Team Approval		Voucher Number	
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