



**Request for payment for research volunteers, lay participants & participants in clinical trials**

Name:	Vendor Number: VOLUNTEER
Address:  E-mail (for remittance advice):	Bank Account Details: Account Holder: Bank Name: Sort Code: Bank Account Number: Building Soc Roll No.
Details of Payment Requested: Details and date(s) of tests:	Amount to be paid: £
Details of travel or other expenses: (please attach receipts)	£
Total to be paid: £	

General Ledger Code	Cost Centre/Project Code (incl WBS)	£	p	Description
2382 _ _				

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title: \_\_\_\_\_

For use in Payroll Office	Claim Approved by	Voucher Number