Research Degrees

**Claim form for reimbursement of travel and subsistence**

**expenses (external supervisors and examiners)**

Complete and submit this form in hard copy to: *Research Degrees Office, The Open University, Walton Hall, Milton Keynes MK7 6AA*. **Claims MUST be made within one month of incurring the expense**. Internal staff should submit travel and expenses claims using the online expenses system at <http://intranet.open.ac.uk/expenses>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name:** |  |  | **Staff No:** |  |
| **Department:** |  |  | **Position:** |  |
| **Telephone:** |  |  |  |  |
| **Email:** |  |  | **Budget code to be charged****Budget Nominal Analysis****e.g.BR31 1259 RDOPT** | £ | p |
| **Address:** |  |
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| --- | --- | --- | --- |
| Summary of claim for the period ……………... to ……….………. (details overleaf) |  | £ | p |
| Where passenger mileage has been claimed please provide the name of passenger(s) in box below. | Mileage …………………… @ …………. p |  |  |
|  | Mileage …………………… @ …………. p |  |  |
| Mileage …………………… @ …………. p |  |  |
| Other travel |  |  |
| Telephone (log attached) |  |  |
| Postage (log attached) |  |  |
| DECLARATIONI declare that the total claimed above has been incurred by me solely in the course of University business and does not include costs incurred in travelling between my home and normal place of work. I hereby claim reimbursement. | Other Incidental (receipts attached) |  |  |
| Subsistence |  |  |
| TOTAL EXPENSES |  |  |
| Less Advanced Dated ……………….. |  |  |
| TOTAL EXPENSES CLAIMED |  |  |

|  |  |
| --- | --- |
| Signed: ……………………………………………Dated: ……………………………………………..AUTHORISATIONThis claim is correct and in order for payment.Signed: ……………………………………………Dated: …………………………………………….. Head of Unit or Authorised Nominee | FINANCE USE ONLY |
| Checked: |  |
| Authorised: |  |
|  |

**DETAILS OF CLAIM**

**Name of claimant: ………………………………………………………………………………… Staff number: ………………………………………………………………**

**Name of student: ………..…………………………………………………………….……….…. Student’s Personal Identifier: …………………………………………..**

**This claim relates to (please delete as appropriate): the student’s supervision / the student’s examination / other (please specify)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Route or Destination** | Purpose of Journey | No of **Car Miles** | Other Travel | **Cost of Other Travel** | **Duration of Trip, in Hours** | Subsistence Expenses | Incidental Expenses |
| **£** | **p** | **Details** | **£** | **p** | **Details** | **£** | **p** |
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| **TOTAL** |  |  |  |  |  |  |  |  |  |  |