

Example :PUBLIC ADVISOR
COMPLETE GREEN TEXT OR BOXES



PAYMENT REQUEST FORM

Please complete as much of this form as possible electronically
THIS FORM SHOULD BE RETURNED TO THE DEPARTMENT FINANCE TEAM

PAYEE NAME	Benjamin Bunny	CONTACT NO	YOUR CONTACT TEL/MOBILE
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FULL ADDRESS	The Burrow, The Field, Farmers End
EMAIL ADDRESS	Benjamin.bunny@rabbit

TYPE OF PAYMENT Please tick as appropriate		STUDENT NO:		NON-STAFF	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>
STUDENT	<input type="checkbox"/>						

STUDENTS: PLEASE ONLY COMPLETE THE BANK DETAILS SECTION IF THIS IS YOUR FIRST CLAIM OR IF YOUR BANK DETAILS HAVE CHANGED

NOTE – BANK ACCOUNT MUST BE IN THE NAME OF THE CLAIMANT

UK bank account to credit – for overseas bank accounts, please attach a separate sheet with full details							
Sort Code							
Account Number	Complete your bank details here						
Name account is held in e.g. your name	Benjamin Bunny						

Reason for Expense Claim (e.g. attendance at meetings)	Narrative: PATIENT/PUBLIC INVOLVEMENT
ARCNCW STAFF SHOULD COMPLETE THIS	Date:
	Venue:
	Title of meeting:

(INCLUDING DATES OF VISIT(S) WHERE APPLICABLE) (50 CHARACTER MAXIMUM TO BE DISPLAYED ON AGRASSO GENERAL LEDGER)

POSTING DETAILS						NET AMOUNT	
ACCOUNT	COST CENTRE	COMMITMENT REF	DEPT 1	DEPT 2	VAT	£	P
VAT CODES	S = STANDARD L = LOWER RATE	Z = ZERO E = EXEMPT	M = MEDICAL X = EU GOODS & NON UK SERVICES		TOTAL		

SUMMARY OF MILEAGE CLAIMED PER JOURNEY

Date	Purpose of Journey and Destination (PLEASE INCLUDE ADDRESS/POSTCODES)	No. of Miles @ 45p/mile
	PROVIDE DETAILS OF ANY TRAVEL EXPENSES (eg train, bus, mileage)	
	Remember to provide travel receipts or fill in mileage	
	Total miles claimed	
	Total amount claimed £	

PLEASE ENSURE THAT THE MILEAGE CODING DETAILS ARE ADDED TO THE POSTING DETAILS ABOVE

ARCNCW ADMIN STAFF TO COMPLETE Total amount of claim	Currency Type	Total Amount

DECLARATION BY CLAIMANT

I certify that:-

1. All expenses detailed on this form are claimed in accordance with the University's Financial Regulations and made within 6 months of incurring the expenditure.

And that, if mileage is being claimed:-

2. The vehicle, for which the mileage allowance is claimed, is covered for full third party insurance, **for business use**, including cover against risk or injury to, or death of, official passengers and damage to property with**ENTER YOUR INSURANCE COMPANY DETAILS**.....(insert Insurance Company). Business use is not automatically included in an insurance policy so it is advised to check this with your policy provider before entering their details
3. The vehicle is maintained in a roadworthy condition.

I CONFIRM THAT ALL RECEIPTS HAVE BEEN ATTACHED AND THAT EXPENDITURE IS IN ACCORDANCE WITH THE UNIVERSITY'S REGULATIONS

The University's Expenses Policy can be found at

https://www.liverpool.ac.uk/intranet/finance/resources/finance_policies/

An agenda must be attached for all hospitality included (Corporate Card Hospitality Agenda), this can be found at

https://www.liverpool.ac.uk/intranet/finance/resources/finance_department_forms/

Signature of Claimant	Benjamin Bunny	DATE (DD/MM/YY)			
ARCNWC Research Manager Signature		DATE (DD/MM/YY)			

DEPARTMENT OFFICE USE ONLY

BUDGET CENTRE AUTHORISATION					
(MUST BE DIFFERENT FROM THE CLAIMANT AND A SIGNATORY FOR THE COST CENTRE/S QUOTED ABOVE)					
Will you be paying this claimant again This will determine if the claimant is set up as a supplier or paid as a sundry one off supplier				YES	NO
NAME (PRINT)		SIGNATURE			
DOCUMENT REF (UNIQUE)		DATE			
DEPT CONTACT NAME		EXTENSION NO.			
DEPARTMENT					

Departments should retain the original receipts electronically but attach copies to the form they submit to us. The original receipts may be destroyed after one month providing the scanned/electronic image is legible, except where the claim relates to an EU project as the EU requires original receipts for audit.

Payment request form check list – For department use

Field	Details		Form sent back if missing
Payee name	Who are we paying		Yes
Contact number	We may need to contact claimant if there are any details missing		No
Full address	This can confirm which supplier we are paying if there are 2 with the same name and we also require these details to set the claimant up as a supplier		Yes if claimant hasn't been set up as a supplier
Email Address	This address will be used to send remittance advices to		No
Type of payment	Student	All students need a supplier record setting up	Yes if student number is not also provided
	Student number	This is used to confirm the correct supplier and pull details through from student records	Yes if the claimant is a student
	Non-staff	To confirm they are not a student or a member of staff as there is a different procedure for each of these groups	No
	Other	Confirming that the claim is for a company eg conference – These forms are not used to pay members of staff or invoices	No
Bank Account Details	Please only complete these if it is the first time they are being paid by the University or if their bank details have changed, if you include bank details we need to check the supplier record to ensure the bank details are correct, 99% of the time they are.		Yes if the claimant needs setting up
Reason for expense claim	These are the details that will appear in the notes section in Agresso, it should be no more than 50 characters long and should explain what the claim is for		Yes
Posting details	if there are multiple receipts all being coded to the same account and cost centre please add these together and input into one line		N/A
Account code	Please ensure an appropriate 4 digit account code is used		Yes
Cost Centre	Department cost centre		Yes
Commitment Ref	Department commitment reference		No

Dept1	Department reference	No
Dept2	Department reference	
VAT	If applicable – see table of codes on the form	No
Overall total	This is the total amount the claim is for. Please calculate the total using total expenses plus total mileage figures	No
Mileage Claimed	If mileage is being claimed ensure both to and from destinations are included. Please ensure the mileage has been checked and is not excessive, include the total miles and total amount to be claimed	Yes if to and from locations not included
Insurance company name	This is required for audit purposes	Yes, if Mileage is being claimed
Signature of Claimant	This is so the claimant can confirm the information on the form is correct	No
Supervisor signature	Only if required by the department	No
Will you be paying this person again	This is to enable us to decide if we should set the claimant up as a supplier or pay them using a one off supplier, if we are going to pay them more than once it is better to set them up as a supplier	No
Budget centre authorisation	Person authorising the form signing to say the information has been checked and is to be paid in accordance with University Policy	Yes
Document ref	This should be unique to this claim (alpha numeric stamp)	Yes
Department contact details	This is the person we can contact if there are any issues with the form	No

Where claims are not properly completed or signed, forms will be returned by email and payment delayed.

Please return completed forms to finance.payments@liverpool.ac.uk and ensure all receipts are attached.

More information on the University's Expenses Policy is available at https://www.liv.ac.uk/intranet/finance/resources/finance_policies/