

**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 |  | CONTACT NO |  |

|  |  |
| --- | --- |
| FULL ADDRESS |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| TYPE OF PAYMENT  Please tick as appropriate | |
| STUDENT |  | STUDENT NO: |  | NON-STAFF |  | OTHER |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENTS: PLEASE ONLY COMPLETE THE BANK DETAILS SECTION IF THIS IS YOUR FIST 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 |  |  |  |  |  |  |  |  |
| Name account is held in  e.g. your name |  | | | | | | | |

|  |  |
| --- | --- |
| Reason for Expense Claim  (e.g. attendance at meetings) | Narrative: **PATIENT/ PUBLIC INVOLVEMENT**  Date:  Venue:  Title of meeting: |

(INCLUDING DATES OF VISIT(S) WHERE APPLICABLE) (50 CHARACTER MAXIMUM TO BE DISPLAYED ON AGRESSO 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total miles claimed |  |
|  | Total amount claimed £ |  |

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

|  |  |  |
| --- | --- | --- |
| Total amount of claim | Currency Type | Total Amount |
|  |  |

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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:-

1. 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 ............................................................................................(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
2. 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 |  | DATE  (DD/MM/YY) |  |  |  |
| Supervisor 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 paidas 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.

**Fin Form F2\_2 (June 2017)**

**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 |

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| --- | --- | --- |
|  |  |  |
| **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](mailto: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/> | | |