THE UNIVERSITY OF EDINBURGH

CASUAL PAYMENT VOUCHER

PAY TO:

NAME	
ADDRESS	
POSTCODE	

BLOCK LETTERS PLEASE

Preferred payment method is by BACS

Sort Code __ __ - __ __ - __ __ **Account Number** __ __ __ __ __ __ __ __

Description of payment .....

* SEPARATE HANDLING		INVOICE DATE	
INVOICE NO.		DUE DATE	

* If documents are to be forwarded with payment enter 01 in separate handling field and enclose documents with this form, otherwise leave blank.

Cost Centre	Account Code	Job Code	NET Amount £	p	VAT Amount £	p	VAT Code
		Totals					

GROSS TOTAL

START **END**

PAYMENT PERIOD **...../...../.....** **...../...../.....**

Prepared by: ..... **Verified: .....**

Date Prepared ..... **Authorised: .....**

(Authorised Signatory/Head of Dept.)

February 2011

For Expense Claims please complete

Notes:

1. Original receipts are required to accompany this claim. Copies are not acceptable.
2. Mileage – current rate of mileage is 45p per mile

Description of Expenditure	Fares	Mileage	Subsistence/ Other	Total
TOTAL				

DECLARATION

I certify that the expenses above were incurred by me in connection with

My visit to ……..

On (date) …….

For the purpose of ……...

In the case of a Research Grant/Contract these are allowable expenses under the Terms and Conditions set by the sponsor.

Signed ……..Date ……