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| **APPLICATION FOR  eFinancials payment record** This is a prerequisite to new eExpenses access being granted in eAuthorisations. | |  |
| **SECTION 1: to be completed by the claimant.** | | |
| Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personnel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Universal User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position (e.g. Senior Lecturer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| I confirm that any financial data which is made available to me will be used solely for the purpose of carrying out the above role and that the information provided on this form is correct. Any data which is printed out or stored electronically on any medium will be held confidentially, stored securely and destroyed as confidential waste as soon as it is no longer required. All claims submitted on the Electronic Expenses System (eExpenses) will be in accordance with the University’s Financial Regulations.  I confirm that I will abide by the University of Edinburgh Computing Regulations.   Signature [1] : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Electronic Staff Expenses **will be paid by BACS,** which allows the University to make payments direct to your bank account. The payment should reach your bank account within five working days of your claim being approved in the eExpenses system.  **ARE YOU A UNIVERSITY MEMBER OF STAFF? YES NO** Student/Visitor/Personnel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Bank or Building Society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Bank or Building Society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building Society Reference (where applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I confirm I would like my expenses payments to be paid directly to the above bank account.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 3: to be completed by Head of School/Department.** |
| I certify that an eFinancials payment record should be created for the above-named person  Head of School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The completed form should be attached to an ‘eFinancials Payment record’ FPM transaction and submitted to FIS for approval.  **FIS will then notify the transaction originator that new eExpenses access can be granted in eAuthorisations.** |
| **SECTION 2: to be completed by the FIS Section, Finance Department.** |
| UUN Check Personnel No.Check Sub Ledger Check Majordomo Check  Setup Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Setup by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Setup Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Coding: To be completed by the Informatics Finance Administrator** |

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| Please list every Cost Centre and Job Code you require access to. Use an additional page if necessary and attach to the back of this application form. Cost Centres and Job Codes should be listed individually and **NOT** as ‘All cost centres’ or as 'All job codes'. The first Cost Centre and Job Code listed below will be your default combination. Once setup you will be able to add your own codes through the eExpenses system. | | | |
| **Cost Centre** | **Job Code** | Cost Centre | Job Code |
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[1] By signing this form you are authorising relevant Finance Staff to be assigned to your account as proxy users to enter claims on your behalf on the electronic expenses system, if required.