

BSc. Student Claim Form for Accommodation and Travel Allowances

Please submit one claim form per block of clinical placement.

Payee No.:

Please state clearly your payee number if you have claimed previously or received payment of expenses.
This number can be found on the remittance slip attached to your previous payment of expenses.

Name:

Address for Payment:
(Home Address)

Cohort:

Student No.:

Please state Normal Place of Residence in section below.

Accommodation Allowance				Office Use Only	
Normal Place of Residence:					
Date From:	Date To:	Placement	Claim Amount	Amount Due	
Total Accommodation Claim				Total Amount Due:	

GL Code 01010131503

Travel Allowance						Office Use Only	
Date From:	Date To:	Placement	Bus	Train	Other	Claim Amount	Amount Due
					Please Specify		
Total Travel Claim							Total Amount Due:

GL Code 01010131506

If you have changed address since last payment please update on this form, your new address.

Claimant:

I confirm that the above has been undertaken by me during my clinical placement

From _____ To _____ and my normal place of residence stated above is correct.

Signed: _____ Date _____
 Claimant

Please attach all receipts.

Claim form must be submitted with attendance forms within two weeks of completion of block of clinical placement to your Allocations Liaison Officer.

Certifying Officer:
I have examined the claim submitted and certify that the total amount due for payment
is _____.

Signed: _____ Date _____
 Certifying Officer