



Manchester
Metropolitan
University

MMU STAFF CLAIM FORM FOR FEES & EXPENSES

(PAYMENT WILL BE MADE VIA THE PAYROLL SYSTEM)

FIN1A

For the Period: From: To:

Forenames:	Surname:
Department:	Primary Number: <i>(Printed on inside of Payslip)</i>
MMU ID:	Payroll Area: <i>(Printed on inside of Payslip e.g. MM, EM)</i>

Expense Type (<u>all</u> details must be included on the appended pages)	Total Amount
Fees (from appendix 2)	£
Mileage (from appendix 2)	£
Other Expenses (from appendix 1 / appendix 3 for currency claims)	£
Less Amount of Currency Advance Already Received - if applicable	-£
Total Reimbursement Claimed / (Returned)	£

I request payment of fees and reimbursement of the expenses, specified above, incurred *wholly, exclusively and necessarily* on University business & in accordance with the University's Financial Regulations. NOTE - this form should be printed, electronic signatures will not be accepted.

Signature of Claimant	(electronic signature not accepted)	Date
Approved for Payment (Budget Holder)	(electronic signature not accepted)	Date
Budget Code		
Checked (Finance)		Date

Shaded areas below are for Finance use only. All other sections must be completed prior to reaching Finance

Description Type*	SAP W/T	Miles Claimed	Total Amount	Cost Centre / Project / SIO	Bus. Area
Fees (Teaching)	2125				
Fees (External Examiners)	2127				39
Fees (Other Work)	2126				
Mileage Higher Rate	2182		Total mileage		
Mileage Lower Rate	2181		£		
Bus Travel	2515				
Train travel	2517				
Air Travel	2519				
Taxi travel	2518				
Conference Fees	2507				
Class Materials	2510				
Subsistence	2500				
TOTAL					

*This is not a full list of description types. For the full list, please visit the Financial and Legal Services website.

MMU Expenses Claim Form Appendix 2 - Mileage and Fees

MILEAGE (Continue on a separate sheet if necessary)

Date of Travel	Journey		Total Mileage for Journey	Total Mileage Deductions <small>(home to work mileage must be deducted from claim)</small>	Miles Claimed				Purpose of Visit
	From	To			Higher Rate	Lower Rate	Pass'gr	Cycle	

Total mileage claimed this period
 Total mileage claimed this Tax Year (B/fwd from last claim)
 Total mileage claimed this tax year (c/fwd to next claim)

I confirm that I have signed the Motor Insurance Declaration and that none of my circumstances have changed

Signed:

(note - electronic signatures cannot be accepted)

Summary of Mileage Claim	Miles	Rate	Amount
Higher Rate			
Lower Rate			
Passenger Rate			
Cycle Rate			
Total mileage claimed (transfer to front of claim form)			

FEES FOR ADDITIONAL WORK / EXTERNAL EXAMINER WORK (Continue on a separate sheet if necessary)

Date of work	Description	Full Details of Expenditure (including hourly rate / course etc)	Amount, £ <small>All supporting evidence must be securely attached</small>

Total fees expenses claimed (transfer to front of claim form)

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