

Occasional Worker Claim Form

The Claimant should complete the **grey** **shaded areas** of the form and

attach **Right to Work evidence** in accordance with HR Policy.

Please print clearly in block capitals

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| **Section 1 – Claimant Details** FIN1C | | | | | |
| Surname: | | | Address: | | |
| First Name(s): | | |
| Email: | | |
| Telephone No: | | | Post Code: | | |
|  | | |  | | |
| **Section 2 – Details of Claim** | | | | | |
| Date(s) of Work | Details of fee claimed, and expenditure incurred  ORIGINAL receipts for expenditure MUST be attached | | | Amount | |
|  | Fee for Work – *Please give full details of work undertaken and fees claimed. Continue on a separate sheet if necessary.* | | | £ | |
|  | Expenses incurred – *Please give a full breakdown of expenses incurred and attached original receipts. Continue on a separate sheet if necessary.* | | | £ | |
|  | Total | | | £ | |
| Department work completed for: | | Department contact name: | | | |
| Are you a current MMU Employee? | | | | No | Yes |
|  |  |
| If Yes, please provide your MMU ID number: | | | | | |

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| --- | --- | --- | --- | --- |
| **Section 3 – Bank Details** *Please only complete one of the below sections* | | | | |
| 3A – UK details | | | | |
| Name of Payee *(as per bank statement)*: | Bank Name: | | | |
| Bank Account Number: | Bank Sort Code: | | | |
| 3B – International details | | | | |
| Name of payee: | | | | |
| Swift Code: | | Bank Name: | | |
| Account Number / IBAN: | | Bank Address: | | |
| Routing Number *(if applicable)*: | |
| Does this international account accept GBP payments? | | | No | Yes |
|  |  |
| If No, please specify account currency: | | | | |

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| **Section 4** | |
| I certify that the fees and expenses for which I claim payment relate to University business and have been necessarily incurred in carrying out official duties.  I understand that all intellectual property rights arising out of the provision of this service will become the property of MMU.  I certify that I am wholly responsible for disclosing to HMRC all fees for work paid to myself by MMU where relevant. | |
| Claimant Signature: | Date: |

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| **Section 5 – To be completed by the Department only** | | | |
| Is Right to Work evidence required for this claimant?  *Please see* [*Engaging Suppliers Guidance*](https://mmuintranet.mmu.ac.uk/Interact/Pages/Content/Document.aspx?id=8039) *for more details* | | No | Yes |
|  |  |
| If Yes, has this been provided? | |  |  |
| Budget Holder Approval: | Date: | | |
| Print Name of Budget Holder: | Cost Centre / Project Code *(where the expenditure should be charged)*: | | |