

CLAIM PAYMENTS FORM FOR PSC/IR35

Please note that fees will be subject to UK Income Tax. Claims for reimbursement of expenses, if applicable, should be in accordance with University regulations.

| | | | |
|---|--|--|---|
| PERSONAL DETAILS | | Loughborough University Payroll no. <input type="text"/> | |
| | | (if paid by the University before) <input type="text"/> | |
| Title | First Name(s) | Family Name | |
| UK National Insurance no. (if you have one) | <input type="text"/> | Gender (M/F) <input type="checkbox"/> | Date of Birth (DDMMYY) <input type="text"/> |
| Address (if not provided previously) | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Email Address | <input type="text"/> | | |
| Bank Details (if not provided previously) | Bank and Account name | <input type="text"/> | |
| If a foreign payment is required, please use form FP1 to notify us of the relevant account details (i.e. SWIFT and IBAN codes). | Branch | <input type="text"/> | |
| | Sort Code | <input type="text"/> | <input type="text"/> |
| | Account No. | <input type="text"/> | <input type="text"/> |
| | Roll No. (if applicable) | <input type="text"/> | |
| Claim Details | | Claim Period: | |
| Fee | £ | Charge Code | |
| Gross amount | | Cost Centre | Account Code |
| VAT | | <input type="text"/> | <input type="text"/> |
| Net Amount | | <input type="text"/> | <input type="text"/> |

Expenses should be claimed by completing the form overleaf, ensuring that all instructions regarding the attachment of receipts are followed. The form should then be authorised, attached to this Claim form and submitted to Payroll.

Claimant Signature Date.....

FOR OFFICE USE ONLY

Claim checked in department by [please print name]

Signature of Department checkerDate

HOD ApprovalDate.....

