To: General Ledger Section, Finance Office

Sundry Payee (30 day terms)

(Please Complete in Block Capitals)

Finance Office Use Only

Voucher Number

Cheque Number

Cheque Date

Claimant's Reference

Name of Claimant (Name to appear on cheque)

Address

Where

Cheque to

Be Sent

Post Code

Date of Claim

Amount of Claim

£	p	Account	Project	Tax Code	Fac Ref*

* Please do not use unless directed to do so by your Faculty.

Description of Expenses Claimed (This will appear on the Departmental printout)

For **fast payment**: Please see the "Payment Terms Amendment Request" Form

RECEIPTS MUST BE PROVIDED OR CLAIM WILL BE REJECTED BY F.O.

I certify that this claim

a) is to reimburse expenditure incurred by me on behalf of the University of Glasgow

b) has not & will not be met by any other outside source.

TAX code to be used

0%	AO	No Supply O/S
0%	AE	Exempt Education or Research
0%	AZ	Zero-Rated(Books)
17.5%	AS	Standard Rated
5%	AL	Lower rate (Heat & Light)
8%	AM	Middle Rate

Signature of Claimant _____ **Date** _____

Head of Department / Project Holder Block Letters _____ **Date** _____

(These cannot be signed by the same person)