This form should be used for all reimbursement claims, including travel, subsistence and other expenses.

Claims must be in accordance with the [expenses policy](https://www.st-andrews.ac.uk/policy/staff-pay-and-benefits-expenses/staff-expenses.pdf). Please see the FAQs for assistance in completing this form.

***Please place a cross in the following box if the expense claim relates to an advance reconciliation.***

**Section 1 - To be completed by the student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Student Number** |  |

|  |
| --- |
| **Bank Details** |
| **Before submitting this form, please ensure that your bank details are up to date in** [MySaint](https://mysaint.st-andrews.ac.uk/uPortal/f/welcome/normal/render.uP)**.**  Please note claims without bank details cannot be paid. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Expenses** | | |  |
| **Date** | **Journey** | | **Purpose of Journey** | | **Mode of Transport** | **Number of Miles** | **Mileage Rate** | **Travel**  **Cost (£)** |
| **From** | **To** |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |

|  |  |
| --- | --- |
| **Other Expenses** | |
| **Date** | **Expense Description** | | **Amount (£)** |
|  |  | |  |
|  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant**  I certify that all receipts are clearly visible and attached and that this claim is correct and in accordance with the current travel and expense claim regulations. | | | |
| **Print Name** |  | **Date** |  |

**Student to sign the Claimant Declaration below.**

**Once you have signed the above, please give this form to your school or unit so they can complete Section 2.**

**Section 2 - To be Completed by the School or Unit.**

An authorised signatory of the cost centre or unit should complete this section. To check who is an authorised signatory, please see [ASMA.](https://apex.st-andrews.ac.uk/apex/f?p=123:LOGIN_DESKTOP::::::) For the claim to be processed, please ensure that you complete the relevant table below and sign the form, otherwise this may result in delays to the repayment.

|  |
| --- |
| **Non-Project Expense** |
| **Cost Centre** | **Detail Code** | **Analysis Code** | **Amount (£)** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  | **Total (£)** |  |

|  |
| --- |
| **Project Expense** |
| **Project ID** | **Expenditure Type / Detail Code** | **Amount (£)** | |
|  |  |  | |
|  |  | **Total (£)** |  |

|  |  |
| --- | --- |
| **Authorised Signatory** | |
| **By signing the below, you agree that:**   * You have checked that the student has provided **all receipts** and the details on these are clearlyvisible. * To the best of your knowledge, the amounts included in this claim have not been part of any previous claim. | | | | | |
| **Signed** |  | **Print Name** |  | **Date** |  |

Please note that digital signatures are accepted.

**After signing the form, please email a PDF copy with all receipts to:** [finschol@st-andrews.ac.uk](mailto:finschol@st-andrews.ac.uk)