**Pay Rate (Office use only) – please tick**

□ Will not conduct work for us again

| Cost Centre | Activity | Job Code | Account Code |
| --- | --- | --- | --- |
| QUN | N/A | N/A | 50021 |

*Please note the allocated hours are for Finance/Payroll use only. You will receive the flat fee previously agreed.*



| **Title** |  | | **Forename** |  | | **Surname** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pay ref No. (if known)** | |  | | | **NI** **Number** |  | |

| **Date incurred** | | **Event** | **Details of duties/expenses**  For each line of your claim please outline the activities undertaken and specify the expense incurred (*e.g. train fare*, *subsistence, event you are involved).* Please attach all receipts.***Approximately 20 hours work (Finance/Payroll use only).*** | | | **Preparatory activities before the event (please tick)** | **Event attend (please tick)** | | | **Fee amount**  *(1230)* | **Non-taxable expense**  **amount**  (1404) | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | |  |  | | |  |  | **Sub-total** | |  |  | |
|  | |  |  | | |  |  | **Total** | |  | | |
| **Claimant Signature** | | | **Date** | **Authorised by Budget Holder** | | | | **Date** | | |
| Signature | | | |  | | | | | | |

Please submit your completed form, with receipts to [quality@edgehill.ac.uk](mailto:quality@edgehill.ac.uk) or Governance, Quality Assurance and Student Casework, Room SAC 1.04, Edge Hill University, St. Helens Road, Ormskirk, Lancashire, L39 4QP.