Relocation Expenses Claim Form

***Please itemise all expenditure incurred under the headings below and attach vat receipts. All claims must be authorised by the Dean/Director of Service.***

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| Name: |  | School/Service |  |
| Employee Number: |  | **Role Title:** |  |
| Start Date: |  | **Agreement signed returned:** | [ ]   |
| Original Main Residence Address: |  | **New Main Residence Address (if already relocated):** |  |
| Is this your first claim? | Yes/No | **Is this claim within 6 months from your start date?** | Yes/No(if no, please outline the reasons why) |
| Professional Service Costs: | £ | **Transportation Costs:** | £ |
| Travel and Accommodation Costs: | £ | **Temporary Accommodation Costs (must be agreed in advance by Head of Reward)** | £ |
| Amount Claimed: | £ | **Total Amount Claimed (including any previous claims)** | £ |
| Signed: |  | **Date:** |  |
| Signed by Dean of School/Director of Service: |  | **Date:** |  |