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| --- | --- | --- | --- | --- | --- |
| A close up of a logo  Description automatically generated | | **Human Resources**  **Visiting Lecturer Claim Form** | | | |
| ***Please note:* A Visiting Lecturer Application Pack and Right to Work Check must have been completed before undertaking any work and submitting a claim.** | | | | | |
| **Personal Details** | | | | | |
| **Surname** |  | | **Title** | Dr  Mr  Mrs | Miss  Ms  Mx |
| **Full Forename(s)** |  | | | | |
| **Full Postal Address** |  | | | | |
| **Contact Telephone Number** |  | | | | |
| **Contact Email Address** |  | | | | |
| **Date of Birth** |  | | | | |
| **National Insurance Number** |  | | | | |

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| **Bank Details / HMRC Information**  Please complete the following details to enable payment to your bank or building society account. Incorrect details could delay payment for any claim forms submitted. | | | | | |
| **Bank/Building Society Name** | |  | | | |
| **Bank/Building Society Postal Address** | |  | | | |
| **Bank Sort Code** | |  | | | |
| **Bank Account Number** | |  | | | |
| **Account Name** | |  | | | |
| **Roll Number with Building Society (if applicable)** | |  | | | |
| **Foreign Account Details (if applicable)** | | | | | |
| **SWIFT/BIC Number** | |  | | | |
| **IBAN or Account Number** | |  | | | |
| **Routing Number (if required)** | |  | | | |
| **Any details relating to an Intermediary Bank** | |  | | | |
| **Does the bank accept GBP transfers?** | | | Yes | No | |
| The University needs the following information to tell HMRC about you and help them use the correct tax code. Please complete the details below.  Please select only one of the following statements, A, B or C. | | | | | |
| **A** | This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension. | | | |  |
| **B** | This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. | | | |  |
| **C** | As well as my new job, I have another job or receive a State or Occupational Pension. | | | |  |

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| **Work Details** | | | | | | | | | | |
| **Full Period of Claim** | | From: | | | To: | | | | | |
| **Exact Dates of Lectures** | |  | | | | | | | | |
| **School/Service** | |  | | | | | | | | |
| **Was the work undertaken for Higher Degree level courses or students?** | | | | | | | Yes | | No | |
| **Fee Details** | | **Description** | | | | | | **£ : p** | | |
|  | | | | | |  | | |
| **Cost** | | | | | | **£** | | |
| **Travel Expenses** | | **Mode of Travel** | | | | | | **£ : p** | | |
|  | | | | | |  | | |
| **Miles @ p per mile** | | | | | |
| **Cost** | | | | | | **£** | | |
| **Subsistence** | | **Description** | | | | | | **£ : p** | | |
|  | | | | | |  | | |
| **Cost** | | | | | | **£** | | |
| **Other Expenses** | | **Description** | | | | | | **£ : p** | | |
|  | | | | | |  | | |
| **Cost** | | | | | | **£** | | |
| **Total Claim** | | | | | | | | **£** | | |
| **Declaration** | | | | | | | | | | |
| I confirm that I have completed the Visiting Lecturer Application Pack and undertaken a right to work check before commencing any work | | | | | | | | | |  |
| I agree that for the purposes of current data protection legislation the information given may be recorded and processed by the University of Huddersfield for the purposes of HR/Employee Administration | | | | | | | | | |  |
| I confirm that the fee and/or expenses detailed on this claim are a correct record of necessary expenditure and within the conditions applying to my engagement | | | | | | | | | |  |
| I confirm that the form has been fully completed and all appropriate receipts are attached | | | | | | | | | |  |
| **Claimant’s Full Name** | | |  | | | | | | | |
| **Claimant’s Signature** | | |  | | | | | | | |
| **Date** | | |  | | | | | | | |
| **Please use this section to provide any notes:** | | | | | | | | | | |
| **FOR COMPLETION BY SCHOOL/SERVICE** | | | | | | | | | | |
| I authorise payment as claimed above and certify that the amounts are in accordance with the terms of engagement. | | | | | | | | | |  |
| I also certify that a right to work check has been undertaken by a University employee, prior to any work commencing and have provided a copy of that check with this form. | | | | | | | | | |  |
| **Cost Centre Manager/ Delegate Signature** |  | | | | | | | | | |
| **Full Name** |  | | | | | | | | | |
| **Date** |  | | | | | | | | | |
| **Telephone Number** |  | | | | | | | | | |
| **Nominal & Cost Centre** |  | | | **Amount** | |  | | | | |
| Once complete, the School/Service contact should email the paperwork to [**Payroll@hud.ac.uk**](mailto:Payroll@hud.ac.uk) | | | | | | | | | | |