##### THE UNIVERSITY OF HUDDERSFIELD

# VISITING LECTURERS CLAIM FORM

**(NB Only to be used for payments to individuals through the University Payroll. This should NOT be used for Consultants, External Examiners, or Companies).**

|  |  |
| --- | --- |
| Surname |  (Mr/Mrs/Miss/Ms/Dr/Prof) |
|  |  |
| Full Forenames  |  |
|  |  |
| Full Postal Address  |  |
|  |  |
|  |  |
|  |  |
|  | **Post Code** |  |
|  |  |
| Contact details | Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Required in case we need to query any information provided on this form |
|  |
| Appointed to (School/Service) |  |
|  |  |
| Date of Birth |  |  |  |  |  |  |
|  |  |  |
| National Insurance No: | ***\*These are mandatory requirements of HM Revenue and Customs for correct processing through PAYE*** |
|  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |
| Bank Details | ***Please note that payment can only be made to a bank or building society account via BACS. Incorrect details could well delay payment.***  |
|  |
| If you have previously supplied bank details on one of these forms (PL20) and you wish us to use these again please tick here: ❑ |
|  |  |
| Bank / BuildingSociety name |  |
| Postal address |  |
|  |  |

 Bank Sort Code Bank Account Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Account name Building Society Roll Number (if applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **HM Revenue & Customs - Starter Checklist – Employee Statement**You need to tick 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 have 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 |
| I have a Student Loan which is not fully repaid and I left the course of UK higher education before last 6 April and I received my first Student Loan instalment on or after 1 September 1998. Select ‘No’ if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly instalments. | Yes❑No ❑ |

**Please continue overleaf ………**

**.**

|  |  |  |
| --- | --- | --- |
| Do you require a work permit? | ❑ Yes | ❑ No |
|  |  |  |
| Full period of claim | From |  | To |  |
|  |  |
| Exact dates of lectures |  |
|  |  |
|  |  |
|  |  |  |
| If previous claims have been made: | University Staff Employee Number: *(as shown on previous payslip)*  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fee Details |  |  | **£ p** |
|  |  |  |  |
|  |  |  |  |
|  |  | Cost |  |
| Travel Expenses |  |  |  |
| Mode of travel |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Miles @ | p | per mile |  |  |
|  |  | Cost |  |
| Subsistence |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Cost |  |
| Other Expenses |  |  |  |
| Please supply details |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Cost |  |
|  |  |  |  |
|  |  | Total | **£** |
|  |
| 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 certify 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. **BOTH SIDES OF THE FORM HAVE BEEN COMPLETED AND ALL APPROPRIATE RECEIPTS ARE ATTACHED.**

|  |  |
| --- | --- |
| **CLAIMANT'S SIGNATURE**  | **Date**  |
|  |
| **THIS SECTION OF THE FORM MUST BE COMPLETED BY THE SCHOOL/SERVICE** |
|  |  |
| Is the claim for a one off lecture to which members of the public were invited: | ❑ Yes | ❑ No |
|  |  |
| If ‘**No** how many lectures are involved in the series: | ❑ |
| Is this the first claim? ❑ Yes ❑ No | Is this the last claim to the University?❑ Yes ❑ No |
|  |  |
| **I authorise payment as claimed above and certify that the amounts are in accordance with the terms of engagement:** |
| **COST CENTRE MANAGER/DELEGATE** |  |
| Signed: |  |  | **NOMINAL** | **COST CENTRE** | **AMOUNT** |
|  | X231 |  |  |
|  | T500 |  |  |
| Name:  |  |  |  |
| Tel Ext:  |  | Date  |  |