##### 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 / Building  Society 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 | |  | | | | | |