



UKRI Travel & Subsistence Claim Guidance

1. Complete Claim Form

- Please ensure that the form has been filled correctly (**Bold sections**) you should refer to the UKRI T&S Policy to ensure the claims are within the policy, you can see the T&S Policy [here](#)
- Please ensure you have itemised receipts on each of part of your claim.
- You can claim:

Up to £7.50 for Breakfast, where it is not included within a B&B Rate

Up to £15.00 for Lunch

Up to £25.00 for an Evening Meal

- You cannot claim for alcohol as it is against UKRI T&S Policy.
- Please note, tips or discretionary service charges not exceeding 10% of the total bill will be reimbursed where such payment is included in the receipt and are included in the limits.
- Where the summer school is not providing catering on such occasion and grocery items are purchased, please note you are only able to claim for breakfast/lunch and evening meal items. No other items such as household and beauty items will be claimable.

2. Submit a Claim

- Please submit your claim as a Word Document with itemised receipts attached separately to the claim, this is required for processing purposes, to the studentships team at studentships@stfc.ukri.org
- Your claim will not be accepted for processing if submitted as a PDF/Photographed Picture/Screenshot, and do not submit via share links such as Apple share.
- Please attach your copies of your itemised receipts where applicable, you can submit a combined PDF document or JPEGs of your receipts with your claim form. No other format will be accepted.
- Please do not submit a whole table receipt if you are dining with more than one person as this will be returned to you to confirm what your itemised receipt is.

Your claim form will then be processed by STFC to the UKRI Non-Employee Expenses Team, this then goes onto the UKRI Finance for final processing and payment. The overall process can take up to 10-14 working days.



OFFICIAL SENSITIVE

UK Bank Account Non-Employee Expenses Claim Form

Claimants, please complete in full and return to your named contact at the relevant council within 60 days. All UKRI expenditure is met from public funds, therefore it is imperative that there is full compliance with the UKRI Travel, Subsistence and Expenses policy [Travel and Subsistence Policy \(ukri.org\)](#)

Please enter relevant council [] Council Contact: _____

Personal details

First/Given Name(s): Please complete
Family/Surname(s): Please complete
Email address (mandatory in case of query): Please complete

Meeting or Expenses details

Table with 2 columns: Description and date of meeting(s) or visit(s), Location. Rows include Name of course/summer school, Summer school location, and Please complete.

Details of business expenses incurred

To be completed in full by claimant. To add more lines, press tab key in box marked with a ***

Main table for business expenses with columns: Ref #, Date, Full particulars of expenses or journey*, Mode of transport and class, Mileage (if by car), Other expenses**, Amount (£, p).

Total expenses row with columns for £ and p.

* type of travel, address of overnight accommodation, reason for taxi where used training course title or items / service for reimbursement (e.g. Polar Glasses or Medical certificate/appointment)

** meals, accommodation, car parking etc.

UKRI STAFF- use this column to indicate which expenditure line corresponds to which accounting string line if multiple budget codes apply to the claim e.g. use A, B, C or 1, 2, 3

Payment instructions (mandatory)

Payment will be made directly to the specified account, which must be supplied on every claim as the details are not held centrally. Please carefully check the details supplied. If the incorrect details are provided, a duplicate payment will not be issued until the initial payment has been returned.

Table for payment instructions with 2 columns: Field (Name of bank/building society, Account holder's name, Sort Code, Account Number) and instruction (Please complete).

How we use your Personal Information – We will not share your personal information with another third party other than UK SBS Ltd and will solely be used for the purposes of processing the claim, audit purposes, and fraud prevention.



Regulation (GDPR), please refer to our [UKRI Privacy notice](#). Any questions in respect of your personal details can be made to dataprotection@ukri.org.

Declaration (claimant to complete)

I declare that:

- I made the journeys detailed in this claim and that the expenses charged have been actually and necessarily incurred on the relevant council's official business
- the allowances claimed are in accordance with the relevant council's rules and that no other claim in respect of any of the items has been made or will be made against the relevant council or any other organisation
- where overnight accommodation and expenses are claimed I necessarily stayed away from home and work overnight
- where mileage is being claimed, I hold a valid driving licence and my motor insurance policy covers the use of the vehicle for official business.
- I have read and understood the above statement on personal details and am content for my personal details to be used in such a way.

Signature of Claimant (an actual signature preferred, but a typed or electronic copy is accepted):
Please complete here

Date: Please complete

For Councils use only

Please supply full accounting string below

Ref #	Company Code	Business Unit	Cost Centre	Account Code	Project No.	Task No.	Analysis Code	Analysis Code
				3028			0000	0000
Check						Please confirm check made		
Have the personal details been entered in full?								
Have the bank details been supplied?								
Has the claimant signed the declaration?								
Did the claimant attend the meeting(s)?								
Is the claim arithmetically correct?								
Does the claim comply with the Travel, Subsistence & Expenses Policy?								
Are receipts supplied and do they reconcile with the claim?								
Paid Fees: <i>If fees are to be paid please complete boxes below:</i>								
No of half days:			Amount to be paid: £					
Company Code	Business Unit	Cost Centre	Account Code	Project No.	Task No.	Analysis Code	Analysis Code	
			2010			0000	0000	

I confirm that the above checks have taken place and the claim and any associated meeting fees are authorised for payment:

Signed:

Print name:

Date:

For Secondary Approvers signature if required:

Countersigned:

Print name:

Date:

Once countersigned, please send form and all associated documents to the NEE Mailbox (NonEmployeeExpenses@ukri.org) for processing

UKRI Finance use only

Signed:

Date: