**NON STAFF PAYMENT REQUEST**



**CLAIMANT DETAILS (Please complete in Block Capitals)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** |  | | | **Claimant:**  By signing I certify that the expenditure has been claimed in accordance with the University Financial Policies and Procedures Manual. I confirm that the university is indemnified against all claims associated with my use of private transport on university business.    **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Authorising Officer:**  I certify that I am satisfied that this claim for reimbursement of expenses is properly due in accordance with the terms of the University Financial Policies & Procedures Manual.  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BLOCK CAPITALS**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MU Student number (if applicable)** | |  | | | | | |
| **Tax Identification Number /**  **Personal Public Services Number (PPSN)** | |  | | | | | |
| **Home Address** |  | | | | | | |
| **Email Address** |  | | | | | **Contact Number** |  |
| **Bank Name and Address** |  | | | | | **Bank Country** |  |
| **Sort /**  **BIC /**  **Routing No / Swift** |  | | **IBAN** | | |  | |
| **Account Number** | | |  | |

**MILEAGE (PLEASE COMPLETE IN KILOMETERS ONLY) (Please insert extra rows if required) For mileage rates, please visit** [**www.maynoothuniversity.ie/bursar/payments-office/non-staff-expenses**](http://www.maynoothuniversity.ie/bursar/payments-office/non-staff-expenses)

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| **Business Unit** | **Object Code** | **Purpose of Travel** | **Departure Date** | **From** | **To** | **Km @ Std Rate** | **Km @**  **Reduced Rate** | **€**  **Amount** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL (A)** | | | | | | | |  |

**TRAVEL/SUBSISTENCE/HOSPITALITY/OTHER EXPENDITURE (Please attach original itemised receipts/If entertainment is being claimed then all people in attendance must be listed) (Please insert extra rows if required)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Unit** | **Object Code** | **University Business Purpose** | **Date** | **Details of Expenditure / Location of Hospitality** | **Foreign Currency** | **Exchange Rate** | **€**  **Amount** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **TOTAL (B)** | | | | | | |  |

|  |  |
| --- | --- |
| **TOTAL (A+B)** |  |

**The completed and authorised form and supporting document as stated above should be emailed only to** [**expenses@mu.ie**](mailto:expenses@mu.ie)