## UNIVERSITY COLLEGE BIRMINGHAM – REQUEST FOR PAYMENT OF FEES AND RELATED EXPENSES

(for claimants who are NOT members of staff of the UCB)

Name of Payee					_	Da	te of Visit(s)	
Address to which cheque is to be sent Pro						rogramme(s)		
National Insurance No.								
Date of Birth				]				
Rate at which income Tax is payable (please tick relevant box)	Basic Rate		Higher Rate					
Please note income tax will	be deduct otherwis		igher rate	unless ii	ndicated			T
							£	p
Agreed Fee	_							
Expenses (Give Details)								
Rail Fare								
Approved Mileage (@.45p/mile)								
Subsistence								
Other								
Total Fees & Expenses								
Signature of Claimant						1		
Signature of Budget Holder								
		FINA	NCE USE	ONLY				
Checked by:					Account Code	e: <u>620906</u>	522	
Examiners/Assessors/Verifiers fees								
Less Income tax (if applicable) at  %								
Net Fees Paid	d	5	0 9	3	į	£		
Expenses		5	0 9	3		£		
Total Paymen	ıt				<u>:</u>	£		
Pro-Vice-Chancellor (Finance) Entered: Signature								