

THE UNIVERSITY OF EDINBURGH
Request for Advance of Expenses
RESEARCH GRANTS ONLY



PERSONAL DETAILS

Pay to (BLOCK CAPITALS)

(please state title Prof., Dr., Mr., Mrs., Miss., Ms.)

Personnel/Student Number

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Department

Departmental Address

Contact Telephone Number

Cost Centre

Account Code

Job Code

I would like the expenditure to be coded to:

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3	2	5	2
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Purpose of Expenditure

I will be away from (date)

until (date)

Amount requested

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Signed

(claimant)

Position

(claimant)

As an authorised signatory for this Department/Research Grant I confirm that funds are available to meet this expenditure

Claimants must not authorise their own expenditure e.g. a Principal Investigator's advances request form must be authorised by their Head of Department

Authorised Signatory

(Head of Department/Principal Investigator)

Please Print

Position

(authorised signatory)

Date

TERMS AND CONDITIONS

1. Wherever possible accommodation, conference fees and airfare tickets should be invoiced direct to the University thus avoiding the need for an advance.
2. Within one month of the date of return the claimant should submit a claim for expenses form.
3. Advances against expenses must be refunded to the Finance Office or accounted for within two months, failing which they will be charged in full to the individual employing Department.
4. All information must be supplied. Incomplete forms will be returned to Departments.