 **PR19A**

**Sterling Advance Claim Form: ­ Cash Passport**

**This form must be used in conjunction with Form PR19B once you have completed your trip.**

Please complete all details. Your staff number must be provided. Failure to do so will result in the rejection of this claim.
Advances are for people away on University business where expenses will exceed £200.00.

**Forms should be submitted to** **cash.passport@manchester.ac.uk** **at least 14 days before the Departure date.**
The advances system may not be used for:

* • amounts less than £200 without prior agreement with Payroll team.
* • equipment or goods that should be bought via other University systems.
* • advances of student/staff payments of any kind other than for travel.

Title: Mr / Mrs / Miss / Prof / Dr / Other Staff No. (MUST be provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Directorate/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I am requesting the advance as detailed below. I understand that all expenditure must be fully supported by original receipts with a full statement of expenditure and SENT WITHIN 14 DAYS OF MY RETURN. I take full responsibility for all sums advanced on this form.

Signature of Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any outstanding advances? No / Yes

 (If yes, please note that a further advance will not be processed until the outstanding advance is cleared)

**Details of Advance required:**

Departure date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date advance required:\_\_\_\_\_\_\_\_\_\_

Place visiting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People this advance covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Breakdown of expected expenditure:**  |
| Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_ |  |
| Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_  |  |
| Other Expenses (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ £ \_\_\_\_\_\_\_\_\_\_ Total Advance Required: £\_\_\_\_\_\_\_\_\_\_\_  |  |
| **-----------------------------------------------------------------------------------------------------------------------------------****Authorised Signature:** To be completed by an officially listed authorised signatory, who is not the claimant, against the finance code quoted. |  |

Signed: ............................................................................................................................................  Date: .......... / .......... /..........

Print Name: ....................................................................................................... Tel No in case of enquiry: .......................................

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| --- | --- | --- | --- |
| ACCOUNTS TO DEBIT: NB: ENSURE ALL PARTS ARE OPEN BEFORE SUBMISSION TO  |  |  |  |
| PAYROLL, OR CLAIM WILL BE REJECTED AND PAYMENT WILL BE DELAYED.  |  | **AMOUNTS:**  | OFFICE USE ONLY  |
|  |  |  |  |  |  |  |  |  | 4 | 3 | 3 | 9 | **£**  | ·  |  |  |  |
|  |  |  |  |  |  |  |  |  | 4 | 3 | 3 | 9 | **£**  | ·  |  |  |  |
|  |  |  |  |  |  |  |  |  | 4 | 3 | 3 | 9 | **£**  | ·  |  |  |  |
|  |  |  |  |  |  |  |  |  | 4 | 3 | 3 | 9 | **£**  | ·  |  |  |  |
|  |  |  |  |  |  |  |  |  | 4 | 3 | 3 | 9 | **£**  | ·  |  |  |  |
| **TOTAL OF ALL CLAIM SECTIONS** | **£**  | ·  | **Total to pay**  |

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