



**PART-TIME LECTURER'S CLAIM FORM FOR ATTENDANCE AT  
NON-CONTRACTUAL ACTIVITIES**

This form is to be used to claim payment for authorised attendance at non-contractual activities and should not be used to make any other expenses claim. Please complete **Section A** to obtain authorisation in advance from your line manager before participating in the activity.

**SECTION A – ADVANCE AUTHORISATION**

TITLE	FIRST NAME	SURNAME (Block Letters)
FACULTY/COST CENTRE		DEPARTMENT
		SITE
Please give details of the activity you will be attending		
Head of Department/Cost Centre Authorisation		
Name	Signature	Date

**SECTION B -CLAIM FOR ATTENDANCE**

Please complete this section to request payment for participating in the authorised activity. The form should be sent to Payroll when the claim has been approved.

Date you attended the activity	Payroll No. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Number of hours claimed	National Insurance Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Total amount claimed ( <i>Payment will be 50% of the contractual hourly rate for any complete hour of attendance</i> )	Account Code <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
£	Authorised for payment (Head of Cost Centre)																				
I certify that the claim is correct.	Signature																				
Signature of claimant	Date																				
Date																					