**Personal Expenses Claim**

**This is to claim back money that you have already paid.**

**Claimant Guidance**

* Seek the budget-holders permission before incurring the expenditure
* The budget-holder/senior manager of the department must authorise your personal expense claim
* Adequate backing documents must be provided e.g. Copy of invoice/photograph of itemised receipt
* Claims should only be made up to £200. Suppliers should be paid directly by the Guild for larger amounts*.*

Request for:

|  |  |
| --- | --- |
| Department | **Student Voice – Student Reps** |
| Account Name/Code | **Student Rep Fund (1-SVC-2474)** |

**Claimant details:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claimant Name |  | | | | | | | | |
| Contact Email Address |  | | | | | | | | |
| Contact Phone Number |  | | | | | | | | |
| Date |  | | | | | | | |
| Account Number |  |  |  |  |  |  |  |  |
| Sort Code |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Expenditure | Expenditure Details | Cost | VAT  (office use) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL COST:** |  |  |

**Claimant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Position: |  |

**Budget-holder authorisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Position: |  |

**Bank signatory authorisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Position: |  |
| Signature: |  | Position: |  |

(E-mail authorisations should be saved by Finance Team with the claim and backing documents)

Rep Fund Evaluation Form

Please complete the below form within two weeks following your event or purchase.

|  |  |
| --- | --- |
| Personal Information | |
| Please indicate your role: | [Student/PGR/School/College/Senate Rep] |
| Forename(s): |  |
| Surname: |  |
| University Student ID Number: |  |
| Course: |  |

|  |  |
| --- | --- |
| Evaluation | |
| Please note the following information provided will be utilised by the Guild in order to further assist and support you and other representatives. | |
| Activity/Event Title: |  |
| Date of Event: |  |
| How many people attended the event or were reached by this idea? |  |
| Was your event/equipment used to engage Distance Learners and/or Part-Time students? |  |

|  |  |
| --- | --- |
| Summary of proposal | |
| Summary of event: |  |
| What went particularly well? Did you receive feedback? How did you use it? |  |
| What would you do differently next time? |  |
| Has it benefited your role or your cohort? |  |
| Please evaluate the Guild’s support. What did we do well? What could we do differently? |  |

**Thank you for completing the form and accessing the Rep Fund. We hope it has helped to further enhance the Student Rep System and the overall student experience at the University of Birmingham.**

**Please email your completed form to** [**studentreps@guild.bham.ac.uk**](mailto:studentreps@guild.bham.ac.uk)**.**