



This form is to enable payment to be claimed by persons who are not staff or students of Ravensbourne college, all payments are subject to tax and national insurance.

Prior to engagement evidence of eligibility to work in the UK must be provided to the Institution's Human Resource department along with a Curriculum Vitae. Acceptable proof of eligibility for Home and EU Workers is a birth certificate or passport. For other nationalities a passport and valid visa must be provided. Engagement cannot commence without proof of eligibility.

Section A - Personal Details

Title Surname

Forenames

Date of Birth Day | Month | Year | | |

National Insurance Number | | | | | | |

Address

Post Code

Email Address

Section B - Bank Details To Which Payment Should Be Made

Account Holders Name

UK: Sort Code | | - | | - |

Account Number | | | | | | |

International: BIC / Swift

IBAN Number

Claims received by the last date of the month will be paid on the 25th of the subsequent month.

Section C - Details of Claim

Give brief description of work done :

Who engaged you for this job :

What date(s) did you work on:

Please give details of the fee / expense being claimed (Receipts are required in respect of all expenses) :

	Amount £.p
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total	<input type="text"/>

Payment cannot be made unless a HMRC Starter Check List form is completed and attached to this claim

Section D - Certification by Claimant.

I confirm that I have completed the work described above and claim payment as stated.

Name (Block Letters):

Signature: Date

Section E - Authorisation of Claim, I confirm that the individual above has completed the work described I authorise payment and confirm that this claim has not previously been passed for payment.

	Budget code	Account code	Payment £.p
Signature <input type="text"/>	<input type="text"/>	PYB4/PYB6	<input type="text"/>
Name <input type="text"/>	<input type="text"/>	PYB4/PYB6	<input type="text"/>
Date <input type="text"/>		Total	<input type="text"/>

Section D - Approval of the Human Resources Department

Signature Position Number