



## EXTERNAL EXPENSE REIMBURSEMENT

CLAIMANT DETAILS (Please complete in Block Capitals)

|                        |  |   |
|------------------------|--|---|
| <b>Name</b>            |  | <p><b>Claimant:</b></p> <p>By signing I certify that the expenditure is being claimed in relation to Expenses incurred at St. Patricks College, Maynooth .Co. Kildare.<br/>(TYPED SIGNATURE ACCEPTABLE)</p> <p><b>Signature</b> _____ <b>Date</b> _____</p> <p><b>Authorising Officer: (office use only)</b><br/>I certify that I am satisfied that this claim for reimbursement of expenses is properly due in accordance with the terms of the University Financial Policies &amp; Procedures Manual.</p> <p><b>Name:</b> _____<br/><b>BLOCK CAPITALS</b></p> <p><b>Signature</b> _____ <b>Date</b> _____</p> |
| <b>Contact Address</b> |  |   |
| <b>Telephone No.</b>   |  |   |
| <b>Email Address</b>   |  |   |

TRAVEL/OTHER EXPENDITURE (Please attach original receipts) (Please insert extra rows if required)

|                          |  | EXPENSE DETAILS | Date | Details of Expenditure | Foreign Currency | Exchange Rate | € (euro) Amount |
|--------------------------|--|-----------------|------|------------------------|------------------|---------------|-----------------|
|                          |  |                 |      |                        |                  |               |                 |
|                          |  |                 |      |                        |                  |               |                 |
|                          |  |                 |      |                        |                  |               |                 |
|                          |  |                 |      |                        |                  |               |                 |
| <b>TOTAL EXPENDITURE</b> |  |                 |      |                        |                  |               |                 |

**PLEASE ENTER YOUR BANK DETAILS BELOW**

Bank Account Name

IBAN

BIC/Swift

|  |
|--|
|  |
|  |
|  |

| ACCOUNTS OFFICE USE ONLY |  |                             | Initial |
|--------------------------|--|-----------------------------|---------|
| As PIN/ PPI – No.        |  | Receipts Checked            |         |
| Supplier Code            |  | Calculations Checked        |         |
|                          |  | Valid Authorising Signature |         |

Please return completed form to [accounts@spcm.ie](mailto:accounts@spcm.ie) or alternatively, by post to Accounts Office, Stoyte House, St. Patrick’s College, Maynooth, Co. Kildare.