

TRIP ID:

**Claimant Details**

Name \_\_\_\_\_

Staff / Student Number \_\_\_\_\_

**Cost Centre Details**

Please provide the Cost Centre Code & Description (i.e. Department / Project or Club / Society)

Cost Centre Code \_\_\_\_\_

Cost Centre Name \_\_\_\_\_

**Details of Expenditure**

Please attach original receipts to the back of this form, for each item below.

| Supplier | Reason for Purchase | Amount € |
|----------|---------------------|----------|
| _____    | _____               | _____    |
| _____    | _____               | _____    |
| _____    | _____               | _____    |
| _____    | _____               | _____    |

€

**Approval**

Claimant \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Funds Check

Processed

Payment Approved