# EXTERNAL CLAIM FORM - PAYMENT DETAILS (Part 1 of 3)

### ALL SECTIONS OF THIS FORM MUST BE CAREFULLY COMPLETED (IN BLOCK CAPITALS)

This form must have valid VAT receipts attached (where applicable); failure to do so will result in late or non-payment.

Please submit all claim forms to the person you report to by the last day of each month. External Examiner External Panel Member Miscellaneous

Have you been paid previously by our university? No

Yes

If the answer is No, please ensure Parts 2 & 3 are fully completed. (We may be unable to process the payment without these details)

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| **CLAIMANT'S DETAILS** |
| Payroll Number (please refer to previous payslip) |  | SBC |  |  |  |
| Title: |  | Forename: |  | Surname: |  |
| Full address: |  |
|  |
|  | Post Code: |  |
| Email Address: |  | Telephone Number: |  |

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| --- |
| **CLAIM DETAILS (DETAILS OF DUTIES / LECTURES UNDERTAKEN)** |
| School/Resource Centre |  |
| TITLE and VENUE of the course delivered/assessed |  |
| Dates of delivery/assessment being claimed for |  |
|  |
| Date Report Submitted |  | Sent To |  |

All fee's will be subject to Tax and National Insurance deductions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EXPENSES (please note, all expenses must be supported by a valid VAT receipt) | £ | . | p |  | Project code |
| Mileage | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Travel (Air / Rail / Taxi) | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Accommodation | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Subsistence | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Postage | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Other (Please State) | Receipts |  |  |  |  | . |  |  |  |  |  |  |  |  |  |
| Total Expenses |  |  |  |  | . |  |  |  |  |  |  |  |  |  |

Maximum allowances - Breakfast £6.50, Lunch £9.50 and Dinner £15.00. Mileage - 40p per mile

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| --- | --- | --- | --- |
| Claimant's Signature |  | Date |  |

External Claim forms will only be processed with claimant's original signature, no photocopies

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| AUTHORISATION SECTION (Office use only) |
| Budget Manager (CAPS) |  | Signed |  |
| Date |  | Ext Number |  |
| Verification of work done(CAPS) |  | Signed |  |
| Date |  | Ext Number |  |

# EXTERNAL CLAIM FORM - PERSONAL DETAILS (Part 2 of 3)

**These details should be provided for each and every claim for expenses that you make**

**Claims cannot be processed without a National Insurance Number, Date of Birth or Bank details**

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| --- | --- | --- | --- | --- | --- |
| Title: |  | Forename: |  | Surname: |  |
| Date of Birth: | D | D | M | M | Y | Y | Gender (Please circle) | Male | Female |
| National Insurance Number: | L | L | N | N | N | N | N | N | L |

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| **BANK DETAILS** |
| Account Payee Name |  |
| Bank / Building Society Sort Code [6 digits] |  |
| Bank / Building Society Account Number [8 digits] |  |
| Building Society Roll Number |  |

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| **ETHNIC ORIGIN** |
| Nationality |  |
| Please tick the box that best describes your ethic origin |
| 1. WHITE BRITISH
2. WHITE IRISH

19 OTHER WHITE BACKGROUND1. BLACK OR BLACK BRITISH - CARIBBEAN
2. BLACK OR BLACK BRITISH - AFRICAN

29 OTHER BLACK BACKGROUND1. ASIAN OR ASIAN BRITISH - INDIAN
2. ASIAN OR ASIAN BRITISH - PAKISTANI
 |  | 1. ASIAN OR ASIAN BRITISH - BANGLADESH
2. CHINESE

39 OTHER ASIAN BACKGROUND1. MIXED WHITE AND BLACK CARIBBEAN
2. MIXED WHITE AND BLACK AFRICAN
3. MIXED WHITE AND ASIAN

49 OTHER MIXED BACKGROUND80 OTHER ETHNIC BACKGROUND |  |
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| The Disability Discrimination Act defines disability as a mental or physical impairment, which has substantial and long term adverse effect on a person's ability to carry out normal day to day activities. |
| Based on this definition, do you consider yourself to have a disability? | NO | YES |
| If Yes, please indicate the nature of your disability |  |

**Under the data Protection Act 1998, information relating to racial or ethnic origin and health is classified as ‘sensitive personal data’. Our University uses this data for internal statistical analysis of the staff profile to monitor achievement of the University’s aim to ‘employ staff from the whole community’. Our University is also required to disclose this data to the Higher Education Statistics Agency (HESA) for the analysis of Higher Education staff statistics and to enable them to carry out statutory functions as applicable. I confirm that I give explicit consent for our University to process the above personal data in accordance with the Data Protection legislation for the purpose stated.**

## Signed………………………………………………………………………. Date…………………………………………………

**EXTERNAL CLAIM FORM - (Part 3 of 3)**

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| **PERMISSION TO WORK IN THE UK** |
| **TO BE COMPLETED WHERE A FEE IS BEING CLAIMED FOR WORK UNDERTAKEN IN THE UK ONLY****(NOT APPLICABLE FOR EXPENSES ONLY CLAIMS)** |
| Leeds Beckett University is required to carry out immigration document checks to verify thatyou have permission to work in the UK. In order to ensure that your payment can be processed, please enclose a copy of any documents which verify that you have permission to work in the UK. Examples of acceptable documents include a passport or an identity card with UK Government endorsements. |
| **YOU ARE REQUIRED TO SHOW ANY ORIGINAL DOCUMENTS TO THE AUTHORISING MANAGER;****A COPY OF THE DOCUMENTS SHOULD THEN BE ATTACHED TO ACCOMPANY THIS FORM** |

Documentation demonstrating permission to work in the UK is attached

## Signed …………………………………………………….. Date ………………………………………………………….

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| **PENSION AUTO ENROLMENT** |
| To help people save more for their retirement, the government now requires employers to enrol their workers into aworkplace pension scheme provided they meet certain criteria. As an external claimant we will postpone assessment of your earnings for a period of 3 months from the first point at which you become eligible under auto-enrolment pension legislation. If on that date you are aged 22 or over, under state pension age and earn more than £833 a month we will enrol you into our pension scheme. Based on your earnings Leeds Beckett University will pay into the pension scheme every month unless you choose to opt out.This does not affect your right to join our pension scheme from your start date. If you wish to do this, please contact the Payroll Team in writing or by email giving notice that you wish to join our workplace pension scheme. Emails should be sent to payroll@leedsbeckett.ac.uk and letters sent to The Payroll Team, Room G01, Leighton Hall, Headingley Campus |
| If you are already in our workplace pension scheme this will not affect you. |

Please email payroll@leedsbeckett.ac.uk with any queries

### In line with data protection requirements, please ensure that this form is submitted in an envelope marked "Private

**& Confidential"**