****

**RELOCATION ASSISTANCE ALLOWANCE FORM**

 **Date:** … … … … … … … … …

**Name of Payee:** … … … … … … … … … … … … … … … … … … … … … … … … … … … …

 **Surname in BLOCK capitals Initials Title**

**Staff Number:**……………………… **Employment Start Date** ../../…. **Relocation Allowance**  £……….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| **Supporting Documentation/ORIGINAL receipts MUST be attached** |
| **Date** | **Details**  | **£** | **p** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **To be completed by Claimant**I certify that the expenditure detailedabove has been incurred by me in linewith the University’s Relocation PolicySigned … … … … … … … … … … … Dated … … … … … … | **Total** |  |  |  |
| To be completed by Authorised SignatoryI authorise payment of this claim and | **Reference****Order No.** |  |  |  |  |  |  |
| Confirm it complies with UniversityRegulations |  | **TC** |  |  |  | **£** | **P** |
|  | **Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signed … … … … … … … … … … … … |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dated … … … … … … … … … … … … |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Below this line, Finance Dept. use only |  |  |
|  | University |  |  |  |  |  |  |
|  | Reference |  |  |  |  |  |  |
|  | Passed for Payment |  |  |  |  |  |  |

Recruitment/Relocation/Relocation Assistance Allowance Form

June 2009