

## FEE/EXPENSES CLAIM FORM –

## EMPLOYERS OR STUDENTS ATTENDING REVIEW EVENTS

Please click on the link below to complete your personal and bank details.

For item 14 (University Contact name), enter the name of your AQU contact.

For item 15 (School/Department), enter “Academic Quality Unit”

<https://forms.office.com/r/E049ANqTpZ>

Please complete the details about the event you attended, and return the form to your Academic Quality Unit contact.

|  |  |
| --- | --- |
| **NAME OF CLAIMANT (BLOCK CAPITALS)** |  |
| Email address |  |
| Date(s) of Visit/Online meeting |  |
| Periodic Review/Partner Review title |  |
| Signature of Claimant (Print/sign/scan or type name) |  |
| Date claim submitted |  |

**SUPPLIER ID DETAILS to be completed by AQU   
(**supplied by Purchasing from the Registration form)

|  |  |
| --- | --- |
| Supplier ID |  |
| Supplier Site |  |

|  |  |  |
| --- | --- | --- |
| **TRAVEL EXPENSES** |  |  |
| Rail Fare 2nd Class from x to Worcester |  | £ |
| Car mileage claimed at 45p per mile |  | £ |
| Parking fees |  | £ |
|  |  |  |
|  | **TOTAL** | **£** |

|  |  |  |
| --- | --- | --- |
| Recommended for payment: Academic Quality Officer | Date |  |

*Please ensure that this form is completed promptly and returned to the Academic Quality Unit at the University of Worcester for payment.* [AcademicQualityTeam@worc.ac.uk](mailto:AcademicQualityTeam@worc.ac.uk)