|  |  |
| --- | --- |
| **Funds in Advance** | |
| **Claim Details** |  |
| Name of claimant |  |
| Staff/payroll number |  |
| Institution/department |  |
| Funds requested |  |
| Currency |  |
| Reason for the advance (if a trip please include the dates) |  |
| Date required by |  |
|  |  |
| **To be paid via (choose 1)** |  |
| Salary (primary method) |  |
| BACS (only if salary is unsuitable) |  |
|  |  |
| **Certified by Budget Holder** |  |
| Budget holder’s Name |  |
| Budget holder’s Signature |  |
| Date signed |  |
|  |  |
| **Conditions of the Advance** |  |
| The purpose of this advance is to provide cash flow in exceptional circumstances for larger work related expenses, **it is not an expense claim.** A separate expense claim will need to be entered onto aCloud.  **Terms**  By signing this form, you (the claimant) agree to:   * Receive the above advance by the above date. * Have the **full value** of the advance **deducted** from your salary in the next payroll two months after you have received the advance or once you have claimed the related expenses (whichever is earlier). This will have a nil effect so long as you have claimed your expenses. * Fill out an expenses claim on aCloud for the expenses incurred in line with the University’s expense policy. | |
| Claimant name |  |
| Claimant signature |  |
| Date Signed |  |