**RELOCATION EXPENSES CLAIM FORM**

**Full Name:** <First name, surname>

**Date:**  22 February 2022

Please note where invoices are submitted in another currency the claim should be converted to £ sterling (the conversion rate used, should be evidenced and attached)

I hereby claim reimbursement for the following expenses incurred by myself, and attach the original invoices and receipts/evidence of payment in relation to this claim.

|  |  |
| --- | --- |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL CLAIM AMOUNT** | **£** |

I declare that the above information is correct and I am claiming reimbursement of the amounts detailed, in line with the University’s Relocation Policy.

Signed Date

All information received via this form will be stored and processed in line with applicable data protection legislation. To learn more about how we handle your data please review our [Privacy Notice](https://intranet.cranfield.ac.uk/hrd/polsprocsforms/Policies%20Procedures%20and%20Forms%20List/Staff%20Privacy%20Notice%20-%20Employment.pdf).

## FOR HR USE ONLY

|  |  |
| --- | --- |
| **Total Allowance** | £ |
| **Amount Previously Claimed** | £ |
| **New Claim** | £ |
| **New Total Outstanding** | £ |