

Request for Reimbursement of Visa Costs

This form should be completed by employees on Skilled Worker or Global Talent visas who are seeking reimbursement of their visa application fees and associated costs, in accordance with the University’s Visa Reimbursement Policy.

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| **Section 1: Employee Details** |
| **Employee number** |  |
| **Full name** |  |
| **School or Department**  |  |
| **Start date of employment with Liverpool Hope University**  |  |
| **Contract end date (if applicable)** |  |

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| **Section 2: Visa Details and Reimbursement Claim***- Please only provide details of your own visa and expenses, not those of any dependants or family members.**- Please enclose evidence of payment for each fee for which you are claiming reimbursement. We will accept either hard-copy or online receipts for payments made. If a receipt was not provided, or you no longer have it, you will need to evidence payment by providing a copy of a bank or credit card statement in your name, showing the transaction.**- If you claim for any fees paid in a currency other than GBP, please be clear what currency the payment was made in.* |
| **Visa number** |  |
| **Visa type** (i.e. Skilled Worker or Global Talent) |  |
| **Visa start date** |  |
| **Visa expiry date** |  |
| **Date on which you made your visa application** |  |
| **Visa application fee paid***- If you are eligible for reimbursement, the University will reimburse the applicable standard visa application fee.* |  |
| **Immigration Health Surcharge paid***- If you are eligible for reimbursement, the University will reimburse your Immigration Health Surcharge.* |  |
| **English language tests or ECCTIS fees paid***- If you are eligible for reimbursement, and needed an English language test or ECCTIS statement as part of your visa application, the University will reimburse this subject to a limit of £200.* |  |
| **Biometric information fee paid***- If you are eligible for reimbursement, and needed to pay a separate fee for providing your biometric information as part of your visa application, the University will reimburse this subject to a limit of £25.* |  |
| **Any additional information relevant to your claim** |  |

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| **Section 3: UK Tax Assessment** |
| Where reimbursement of visa costs amounts to a taxable benefit, as determined by prevailing HMRC rules, you will be liable for the applicable tax and National Insurance on the amount reimbursed. Where this is the case (or if you do not complete this section of the form) we will deduct the applicable tax and National Insurance at source and you will receive the net reimbursement after these deductions have been made.Under current tax rules (which are subject to change without notice), in order for reimbursement to be made free of tax and National InsurancePlease answer the following questions so that we can establish the correct tax treatment of your reimbursement. |
| **A. Date you first arrived in the UK to work***- This is the date you passed through UK immigration control on your Skilled worker or Global Talent visa. In line with skilled worker sponsorship rules, this date will be no more than 14 days earlier than the date you commenced employment with the University.*  |  |
| **B. Were you present in the UK for any purpose (e.g. vacation, conference, work) in the two-year period prior to the date you first came to the UK to work?** | Yes / No |
| **C. Were you resident in the UK for tax purposes (i.e. worked in the UK) in either of the two tax years prior to the date you first came to the UK to work?** | Yes / No |
| If you answered ‘No’ to question C, above, please proceed to **Section 4**.If you answered ‘Yes’ to question C, above, please provide the following information |
| **Relevant tax years** | **Dates resident in the UK in the relevant tax year** |
| **From 6 April** | *Enter year* | **To 5 April** | *Enter year* | **From** | *Enter date* | **To** | *Enter date* |
| **From 6 April** | *Enter year* | **To 5 April** | *Enter year* | **From** | *Enter date* | **To** | *Enter date* |

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| **Section 4: Employee Declaration** |
| 1. I have read the University’s Visa Reimbursement Guidance and this claim is in accordance with the policy.
2. I confirm that the information I have provided in this form is truthful and accurate.
3. I have enclosed evidence of payment for each item for which I am claiming reimbursement, and acknowledge that the University may request additional supporting information, if required.
4. I understand that any reimbursement may be subject to tax and National Insurance deductions, meaning the net amount of reimbursement I receive may be less than the sum claimed.
5. I understand that the University may need to disclose relevant information to the UK tax authorities.
6. I understand that if I resign from the University before the end of my visa, I will be liable to repay a proportionate sum to the University, in accordance with the provisions of the Visa Repayment Agreement. I agree to such repayment being deducted from my final pay from the University.
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| **Signature:** | **Date:** |

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| Once complete, please forward this form, along with evidence of payment, to Personnel so that they can authorise your claim. Claim forms will not be processed without Personnel authorisation. |

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| **Section 5: Personnel Authorisation** |
| **Cost Centre** |  |
| **Cost Code** |  |
| **Project Code**  |  |
| **Signature:** | **Date:** |