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| *(For Finance Use Only)* | | | | | | | | |
| I.D.No. |  |  |  |  |  |  |  |  |



**TRAV C**

**TRAVEL ADVANCE RECONCILIATION**

Liverpool Hope University

**Name: Deanery/Office**

**Payroll No.: Date of Journey From: ……/…../ ….. To: …../…../…..**

**Purpose of Journey**

**ITEMISATION OF EXPENDITURE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Expenditure or receipt e.g. Air Ticket/meal ticket** | **Destination / purpose** | **Amount £** | **Exch. Rate (taken from the 1st of the current month)** | **Total Amount Claimed** | **Receipt Attached** |
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Total Expenditure: £ :

Less Advance : £ :

Balance Due £ :

(if applicable)

\*For further items, please use the table overleaf.

Please group all receipts together in Batches

**Signature of Traveller**:

Approved By / Not Approved By Position:

(Please print) \*delete as appropriate

|  |  |  |  |  |  |  |  |  |
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| *(For Finance Use Only)* | | | | | | | | |
| Transaction. No. |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Type of Expenditure or receipt e.g. Air Ticket/meal ticket** | **Destination / purpose** | **Amount £** | **Exch. Rate (taken from the 1st of the current month)** | **Total Amount Claimed** | **Receipt Attached** |
|  | B’ f/wd |  |  |  |  |
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| **Total Advance** | | | **£ :** | | |
| **Total Expenditure** | | | **£ :** | | |
| **Claim / Refund \*** | | | **£ :** | | |

**If you spend beyond your advance and need to claim an outstanding balance please attach this form to the Travel & Subsistence Staff Expense Claim Form (Trav D) and carry forward any balance due onto the claim form and complete in the normal way.**

**\* If you spend below the advance and need to return an outstanding balance, please return a cheque made payable to ‘Liverpool Hope’, and sent to the Finance Office.**

**N.B. All forms should be verified and signed by a relevant authorised signatory.**