

UNIVERSITY OF PRETORIA
GENERAL CLAIM FOR REIMBURSEMENT

TRANSACTION NO.:

- PLEASE NOTE:**
1. Complete the front and the reverse side in full, where applicable.
 2. Original vouchers must accompany your claim.
 3. Full bank details must be provided. **At present payments cannot be made into credit card accounts.**
 4. Incomplete forms will be returned.
 5. **NB:** Processing of advances requires **3 to 4 working days** from receipt, by the **claims division**, of a fully completed application form which meets all the requirements as per claims policy ([A08/10](#))

Is the claimant a UP staff member

YES

NO

Employee ID.:

Payee

UP Contact (if non UP Staff)

Department (UP contact)

Work tel.
no.

Cell
no.

Details and/or purpose of claim (Please include dates where applicable and if for a function the event or person's name)

Send remittance advice to the following e-mail address

Payment methods: Mark appropriate method

UP Staff member	<input type="checkbox"/>	Payment will be made electronically in the staff members bank account as on the Salary system
Non-UP staff	<input type="checkbox"/>	<p>Bank <input type="text"/> Branch <input type="text"/> Branch Code <input type="text"/></p> <p>Account no. <input type="text"/> Account Type (credit cards not allowed) <input type="text"/></p> <p>Please supply the following: Proof of banking details by means of cancelled cheque or written confirmation of account details from the bank concerned</p>
Cash Cheque	<input type="checkbox"/>	Note : Only for Petty Cash or payees from foreign countries. Must be collected in person.
Cheque (motivation required)	<input type="checkbox"/>	<p>Must be collected in person.</p> <p>Motivation for cheque:</p>

- 1. DAILY SUBSISTENCE** (see policy [A36/98](#) and [38/96](#)). Please provide a Purchase Order number for Accommodation or attach an Invoice. **For conversion of foreign denominations please contact Finance at X2869**

Departure		Return		Duration of absence	Tariff per day	R	C	Cost Centre no.	Account no.	Project no.	Doc no.
Date	Time	Date	Time								

2. TRAVELLING EXPENSES

2.1 PRIVATE VEHICLE Provide full details on reverse side (see policy 10/2000)				R	C	Cost Centre no.	Account no.	Project no.	Tariff type
Engine Capacity (cm ³)	Purchase value	Km travelled	Tariff						
2.2 FUEL COST* : UP VEHICLE (Departmental Car)									
Registration no.: _____ Note: Transport arranged by Vehicle Department to be claimed from Vehicle Department									
2.3 TRAIN / AIR / TAXI FARE							4408		VAT**
Destination: _____ Authorisation from Procurement to use non-registered provider must be attached									
SUBTOTAL – TRAVELLING EXPENSES									

** For official use only

3. OTHER EXPENSES* (e.g. claim for cash disbursements)	R	C	Cost Centre no.	Account no.	Project no.	VAT **
3.1						
3.2						
3.3						
SUBTOTAL – OTHER EXPENSES						

If the disbursements were in respect of assets: Asset No.: _____

GRAND TOTAL = 1: Daily subsistence + 2: Travelling expenses + 3: Other expenses			TRANSACTION NO.:
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TRAVELLING EXPENSES: PRIVATE VEHICLE – BUSINESS TRAVEL

Please Note: Full details in respect of journeys should be provided. State place of departure and destination (e.g. JHB-PTA as well as the number of kilometres travelled. All claims must be submitted **within three months** from the date of the trip).

Private vehicles used for official purposes are not covered by the University's insurance policies. The tariffs inter alia contain an element to compensate users for the costs related to insurance. Personnel who use private vehicles for official purposes should inform their insurance company of this practice in order to purchase cover for accidents under these circumstances.

If a staff member uses a private vehicle for official purposes he or she does so out of own violation and with full appreciation of the risks involved.

Date	From	To	Kilometres	Purpose of journey (Full details, please):
TOTAL				

I hereby confirm that:

1. That amounts claimed were expended on behalf of the University and were necessary for the proper performance of my duties;
2. The amounts claimed are in proportion with the official tariff structure;
3. Prior approval was obtained from my line manager for the above business travels; and
4. The claim was drawn up in accordance with the relevant regulations, policy and procedures.

Signature (Claimant): _____
Name (please print): _____
Date: _____

Approved: _____ (Dean / Director / Head of Department)
Name (please print): _____
Date: _____

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CHECKED BY ACCOUNTANT		APPROVED BY BUDGET CONTROL	
SIGNATURE	DATE	SIGNATURE	DATE

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Please submit this form to your Faculty or Support Service's [Accountant](#) in the Department of Finance