**CLAIMANTS' DETAILS**

Payees name:

Address:

Post code:

**BANK DETAILS (Payments will be made directly to the bank account provided below)**

Bank name:

Bank address:

Account name:

Account number:

Sort code:

Swift code (BIC): *if applicable*

IBAN: *if applicable*

**DETAILS OF CLAIM (Please attach relevant receipts, scanned versions are acceptable. List below each type of expense separately eg travel, conference registration/accommodation).**

Date: Type of expense: Amount (£):

**Grand total (£):**

**JUSTIFICATION OF EXPENSES CLAIM (Please provide a brief explanation of the purpose of the expense and how the claim relates to a Network activity. Include the name of PhD or postdoctoral researcher incurring the expense, if relevant.)**

**DECLARATION**

**I declare that no other claim has been or will be made for this expenditure from the university or any other organisation**

**CLAIMANT SIGNATURE:**

**SUPERVISOR SIGNATURE: (where claimant is a PhD student or postdoctoral researcher)**

**DATE OF CLAIM:**

**Please return this form to:** Network Manager: metals.bbsrcnibb@durham.ac.uk