University of St Andrews

Fees Payment Instruction Form

Please complete in Block Capitals & return the form to the School/Unit for which the work has been undertaken, It must forwarded to salaries once payment instruction details have been added and authorised

Personal Details

Surname: _____ Forenames _____ Title _____

Private Address: _____

_____

_____ Post/Zip code _____

Date of Birth: | | | | | | | (d d m m y y) NI Number: | | | | | | | | | | | | (*UK NI No.*)

Email Address: _____ Phone Number: _____

Bank Details *(If UK bank details are given it is not necessary for IBAN or Swift Numbers)*

Bank Name: _____

Bank Address: _____

_____

Post / Zip Code: _____

Sort code: | | | | | | Account number: | | | | | | | | |

IBAN number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Swift code: | | | | | | | | | | | |

RIGHT TO WORK IN THE UK

The University of St. Andrews is required to carry out immigration document checks to verify that you have permission to work in the UK. Please enclose a verified copy of any documents which prove that you have persmission to work in the UK; otherwise payment cannot be processed.

Employment Status Details

Are you registered as self employed with HMRC (Inland Revenue) Yes ☐ NO ☐

(It is necessary to reconfirm Self employed information every tax year) *(please state UTR below)* *(Please complete present employer details)*

Tax District Ref: _____ Unique Tax Ref No: _____

(Also known as Schedule 'D' No)

Name of Present Employer: _____

Address of Employer: _____ Post/Zip Code _____

Are you Resident in the UK Yes ☐ No ☐

If NO how many days work were undertaken in the UK since 6th April ☐

PAYMENT INSTRUCTION *(If this payment is grant funded it has to be authorised by RGO prior to being sent to salaries)*

Description of work undertaken

Number of sessions ☐ *x rate* £ ☐ *Total Due* £ ☐

Date(s)/period of work From _____ to _____

From _____ to _____

Cost centre | *Cost Centre* | | | | *Analysis Code* | | | | | | | *Detail Code* | | | |

EXPENSES **(***only paid with prior approval from Authorised signatory and all receipts must be attached)*

Travel *(eg rail/air)*			£
Travel by car *		Total miles	£
Other expenses			£
**(45p per mileage allowance per mile - only applicable for journeys within Scotland)*		*Total Exp Due*	£

Cost centre | *Cost Centre* | | | | *Analysis Code* | | | | | | | *Detail Code* | | | |

Signature of Claimant	**Print Name**	**Date**
Authorised Signature	**Print Name**	**Date**
RGO Approval Signature	**Print Name**	**Date**