

## **VISITING LECTURER/COLLABORATOR CLAIM FORM**

Section A: (Please complete all fields)		CLAIMANT DETAILS		
Name:				
Address:				
Contact Email:	_			
Purpose for Claim:				
Payee Bank Details:	-			
For Euro Payments within the EU				
IBAN Number:				
Bank Swift/BIC: (8-11 Characters)				
For all other worldwide payments (includi	ng GBP to the UK):			
Bank Account Number				
Bank Routing Number:				
Bank Sort Code: and/or				
Bank Swift/Bic:				
Section B: (if applicable)				
LECTURE DETAILS:	Date:	Detail & Number of Lectures:	Rate:	Amount:
PPS No.:				
(PPS No. Mandatory)				
			TOTAL:	
		an only give a maximum of 2 lectures (UCC wide) in any academic year. The onus is eets this criteria. By approving this claim you are confiring that this person meets th		
Code for Lecture(s):				
	Account	Cost Centre	Project	
Section C: (if applicable) EXPENSES CLAIM DETAILS:	Date:	Description:	Currency:	Amount:
Mileage KM (See Note 1)	Date.	Безстрион.	currency.	Amount.
Public Transport & Taxis				
Accommodation:				
Subsistence (See Note 2)				
Other Expenses (See Note 3)				
			TOTAL:	
Code for Expenses:	4195 Account	Cost Centre	Project	
Signature of Claimant:	Account	cost centre	Date:	
		_	-	
Signature of Authoriser:			Date:	