University College Cork
Finance Office

# 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 (including GBP to the UK):**

Bank Account Number:

Bank Routing Number:

Bank Sort Code:
***and/or***
Bank Swift/Bic:

## Section B: *(if applicable)*

**LECTURE DETAILS:**

| **PPS No.:** | **Date:** | **Detail & Number of Lectures:** | **Rate:** | **Amount:** |
|---|---|---|---|---|
| ***(PPS No. Mandatory)*** | | | | |
| | | | **TOTAL:** | |

***NOTE: Visiting Lecturers can only give a maximum of 2 lectures (UCC wide) in any academic year. The onus is on the approver to determine if the visitor meets this criteria. By approving this claim you are confiring that this person meets the criteria for a visiting lecturer.***

| ***Code for Lecture(s):*** | ***Account*** | ***Cost Centre*** | ***Project*** |
|---|---|---|---|
| | | | |

## Section C: *(if applicable)*

**EXPENSES CLAIM DETAILS:**

| | **Date:** | **Description:** | **Currency:** | **Amount:** |
|---|---|---|---|---|
| Mileage KM: | | | | |
| Public Transport & Taxis: | | | | |
| Accommodation: | | | | |
| Subsistence: | | | | |
| Other Expenses: | | | | |
| | | | **TOTAL:** | |

| ***Code for Expenses:*** | ***Account*** | ***Cost Centre*** | ***Project*** |
|---|---|---|---|
| | **4195** | | |

**Signature of Claimant:** **Date:**

**Signature of Authoriser:** **Date:**

**Please ensure completed forms are submitted to expenses@ucc.ie**