

This form is to be used for reimbursement of public & patient involvement (PPI) expenses only.

Staff should familiarise themselves with both UCC's PPI policy and travel and expense policy.

All claims should comply with these policies.

Receipts are required for all expenditure and should be attached to claim form.

Completed forms should be sent to **expenses@ucc.ie** for processing.

Queries should be directed to **ppi@ucc.ie** Further information is available at: **<https://www.ucc.ie/en/ppi-ignite/>**

Section 1: Payee Details

1.1 Payee:

1.2 Address:

1.3 Email:

1.4 Contact Number:

1.5 Total Amount:

Section 2: Research Grants/Other Funds

Account Code: *PPI Contributors Expenses Non-Staff*

2.1 Cost Centre:

2.2 Research/ Department Code:

2.3 Purpose of Expenditure:

2.4 Receipt/Documentation Attached: Yes No
Please tick one

Section 3: Bank Information for EFT

3.1 IBAN Number:

3.2 BIC Number:

3.3 Bank Name:

For payments of non-euro, please attach bank details

Submitted by:

Date: