

Claim Form for Reimbursement of Student Expenses Incurred Due to UCU Industrial Action

University of
Kent

Incurred by: PRINT NAME A.N.Other	
Term time address: 23 Chaucer Mews, Whitstable, Kent CT3 1RZ	
Kent email address:	ano@kent.ac.uk

Date of claim 25 March 2025
Student ID: 12345678

This form is for students to reclaim any expenses incurred as a result of the UCU action. It should be used in accordance with the Student Incidental Expenses Procedure. Completed signed forms and accompanying receipts should be sent to: expenses@kent.ac.uk
SUBMISSION DEADLINE
30th May 2025

Payment details	
UK Bank Sort Code: 01-23-45	UK Bank Account No: 12345678

Travel costs- Car Mileage

Date of expenditure	Reason for reimbursement claim for Journey	From	To	Miles	Rate	Amount
						£
25/03/2025	Car journey to Campus to attend cancelled seminar and return	CT3 1RZ	Canterbury Campus	13.4	0.25	3.35
27/03/2025	Car journey to Campus to attend cancelled seminar and return	CT3 1RZ	Canterbury Campus	13.4	0.25	3.35
					0.25	0.00
					0.25	0.00
					0.25	0.00
					0.25	0.00
				Total mileage	26.8	Sub total (a) 6.70

Other travel and related costs (receipts required)

Date of expenditure	Reason for expenditure	Details of expenditure	Amount
			£
25/03/2025	Seminar cancelled with no notice	Bus journey incurred unnecessarily (receipt attached)	3.20
27/03/2025	Seminar cancelled with no notice	Childcare costs incurred to enable attendance (receipt attached)	18.20
			Sub total (b) 21.40

Declaration

I declare that the expenses claimed are in accordance with the Student Incidental Expenses Procedure and have been incurred as a result of the spring term 2025 industrial action. All appropriate original receipts have been attached.

Claimant: SIGNATURE

(Can be electronic)

A. N. Other

OFFICE USE ONLY

Account	Cost Centre	Job/Project	DA	SC	TC	Amount
						£
Section totals (a+b)				Grand total		0.00

OFFICE CHECKS AND AUTHORISATION:	
<input type="checkbox"/> Student identity checked	
<input type="checkbox"/> Term time address checked	
<input type="checkbox"/> Claim made in accordance with procedure	
<input type="checkbox"/> Claim supported by valid receipts (where required)	
OFFICE Authorised:PRINT NAME	
Authorised by: SIGNATURE	