**UNIVERSITY OF CAMBRIDGE**

**DEPARTMENT OF CHEMICAL ENGINEERING AND BIOTECHNOLOGY**

**EPSRC Centre for Doctoral Training in Sensors for a Healthy and Sustainable Future (Sensor CDT)**

**REQUEST FOR AUTHORISATION**

**Travel and Other Expenses**

**Form to be completed by you and authorised by your supervisor.**

Details of the university travel policy: <https://www.finance.admin.cam.ac.uk/policy-and-procedures/financial-procedures/chapter-5b-expenses-benefits/travel-university-employee-0>

Details of current subsistence and accommodation allowances: <https://www.finance.admin.cam.ac.uk/finance-staff/accounts-payable/expense-claims/subsistence-rates>

*Please note:*

* *The University does not sanction the use of AirBnB and will not reimburse for it.*
* *If using a car for university business, you must provide proof that the vehicle is insured for business use in order to claim reimbursement*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Details of expected expenditure** | **Estimated cost** |
| Travel |  |
| Accommodation |  |
| Conference fees |  |
| Subsistence |  |
| Other costs (please specify) |  |
| Equipment and/or consumables (please specify) |  |
| **Total Estimated Expenditure** |  |

**Supervisor authorisation:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please email signed form to** **admin@sensors.cam.ac.uk**
* For reimbursement of expenditure, please download *Form FD1A: Expenses Claim Form* <https://www.finance.admin.cam.ac.uk/finance-staff/accounts-payable/expense-claims/expense-forms>
* *You must provide original receipts with your claim.*

For Office Use

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cost Centre / Source of Funds | **N** | **Q** |  |  | **/** |  | **/** |  |