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| **Claim for reimbursement** |  |  |  |  |  |  | Description: cid:image001.jpg@01CD4497.DE344390

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| This form must be completed in BLOCK CAPITALS.  |  |  |  |  |  |  |  |  |
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| **Title** |   | **First Name** |   | **Last Name** |   |
| **Address**  |   |
| **College** |   | **Email** |   | **Student no. (USN)** |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Document/ receipt attached** | **Date** | **Nature of expense (eg Visa cost, Health surcharge)** | **Expense currency** | **Expense amount** |
|  [x]  | *28 June 2019* | *Example - Tier 4 student visa cost* | *USD* | *487* |
|  [ ]  |   |   |   |   |
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|  |  |  |  |  |  |  |  | **Total** |  |  |
| **I have incurred expenses of the amount claimed, and attached supporting documents** |  |  |  |  |
| **Claimant signature** |  |  |  | **Date** |  |  |  |  |  |
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| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **Amount**  | **Rate**  |  **GBP** |  |  | **Authoriser signature** |  |  |  | **Date** |
|   |   |   |  |  |   |   |   |   |   |   |
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|   |   |   |  |  | I confirm that supporting documents are attached |   |  |
|  | **GBP Total**  |  |  |  | Print name |   |   |   |   |   |