



UNIVERSITY OF ABERDEEN

Transaction Number:.....

EXPENSE RECEIPTS ONLY (One Claim per Envelope)

Deliver To: **Accounts Payable, University Office, King's College, Old Aberdeen**

Date:	
Name (Print):	
Staff ID Number:	
Section/Division/School (Print):	
Total Claim Value:	

Declaration: By signing this declaration I agree to the terms of the University of Aberdeen Expenses & Benefits Policy and have claimed only what I am entitled to claim.

Claimant Signature: