UNIVERSITY OF LEICESTER

RELOCATION EXPENSES GRANT CLAIM FORM

1. Name: ...........................................................   Title: ..........  Dept:  .........................

2. Date of Appointment: .............................................................

3. Full-time or Part-time: .............................................................

4. Permanent or Temporary: .............................................................

5. If Temporary, state contract period: .............................................................

6. Details of move:

   A   Previous address: .............................................................
       .............................................................................................

   B (i) New address: .............................................................
       .............................................................................................

   (ii) Is this a freehold property owned by you? .............................................................
       rented accommodation? .............................................................
       other?   (give details) .............................................................
       .............................................................................................

   C Sale of previous property

       (i) Legal fees  ............

       (ii) Estate Agent fees  ............

       (iii) Other  ............

       Sub total  ..................

   D Purchase of new property:

       (i) Legal fees  ............

       (ii) Estate Agent fees  ............

       (iii) Other  ............

       Sub total  ..................
E  Removal of household furniture and effects ...........................................

F  Costs of one journey by member of staff and dependants
   in moving to the new home .............................................................

G  Other costs:
   ............................................................................................

   ............................................................................................

   ............................................................................................

   ............................................................................................

   ............................................................................................

   ............................................................................................

   ............................................................................................

Total  £...............................................................

I certify that the removal expenses claimed above have been actually and necessarily incurred by
me in order to take up my appointment at the University of Leicester. I confirm that none of
these expenses are recoverable from any other source. I attach the original receipts to
substantiate my claim.

Signed: ................................................................................. Date: ........................................

FINANCE OFFICE USE:

A  2, 3, 4, 5 checked with Personnel Office  Initials: ........ Date: ........

B  Eligible for grant  Yes  No

C  Arithmetic checked  Yes  No

D  Receipts attached  Yes  No

E  Amount to reimburse  £ .........................
   Coded to:  W00001-54020

Signed: ................................................................. Date: ...........................  
   Mrs. Lauren M. Derry

Authorised: ......................................................... Date: ...........................
   Mr. M. Riddleston
   Director of Finance