

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