

**COVID-19 STUDENT TRAVEL REPATRIATION REIMBURSEMENT FORM**

**INSTRUCTIONS:**

* Complete parts **One** and **Two** in full using Microsoft Word.
* Scan / photograph all supporting receipts
* Insert date and tick the box at the bottom of the page.
* Email a copy of the form and supporting receipts to d.taggart@ulster.ac.uk (Subject: Covid-19 Student Travel Repatriation)

**PART ONE:** PERSONAL DETAILS REQUIRED FOR PAYMENT

**CLAIMANT PERSONAL DETAILS**

Student Claimant Surname ……………………………. First Name …………………..Title: ………

National Insurance No. ………………………………… Date of Birth ……………………………….

Postal Address …………………………………………………………………………………………….

Postcode …………………………………… Student No ………………………………….

Course of Study …………………………………………. Faculty/ School …………………………….

Head of School……………………………………………………….

**BANK/BUILDING SOCIETY DETAILS**

Bank Name ……………………………… Bank Address (Inc. postcode) ……………………………

Sort Code (6 Digits) …………………………… Account No. (8 Digits) ………………………………

INTERNATIONAL PAYMENTS:

IBAN No………………………………………...................... BIC No: ……………………………………

**PART TWO:** CLAIM DETAILS

**CLAIM DETAILS** *Cost Centre: 45501U*

Flight Information: From (city) ………………. To (city) ………………… Date of Flight: ……………

**Costs**

Air Travel: £……….

Rail Travel: £……….

Coach/Bus Fares/Car Expenses: £…….

Taxi Cabs: £……..

Meals: £……..

Other (please detail): £………

**Total Claim Amount:** **£\_\_\_\_\_\_\_\_\_\_**

**Nominal Code**: **20500** Travel Outside EU or **20400** Travel inside EU (*please delete as appropriate*)

I certify that this expenditure is a true account of costs incurred in relation to Covid-19 student travel repatriation.

Date:................................ Signed: (tick box) [ ] .