

Completing a claim form

Claim forms:

- should be submitted on a quarterly basis (covering a period of three months).
- require (wet ink) **original** signatures of the PI and an authorising officer.
- will not be paid if there are any overdue progress reports.
- must be accompanied by an expenditure breakdown

Do not:

- send invoices only - invoices must be accompanied by a completed claim form and expenditure breakdown.
- amend the layout of the claim form.

How to complete a claim form

GRANT EXPENDITURE CLAIM FORM

A completed copy of this form **MUST** accompany every research invoice raised to Worldwide Cancer Research

| | | | |
|--|--|----------------|---------------------------------|
| Name of Grant Holder: | | | |
| Grant Reference: | | | |
| Invoice/Reference Number: | | | |
| Name of Payee (Institution): | | | |
| Finance Contact: | | | |
| (in case of query): | | | |
| Email & Telephone Number: | | | |
| PERIOD OF CLAIM: | Grant Year _____ | FROM: _____ | TO: _____ |
| Quarter _____ | | | |
| BANK DETAILS MUST BE PROVIDED BELOW | | | |
| 1. Bank Name: | | | |
| 2. Bank Address: | | | |
| 3. Bank Account Number: | | | 4. Bank / Sort Code: |
| 5. IBAN Number: | | | |
| 6. BIC / Swift Code: | | | 7. ABA / BCB Number: |
| 8. Bank Routing Code: | | | 9. Pay in Your Local Currency: |
| CLAIM AMOUNTS (£ Sterling) | | | |
| SALARIES: | Provide staff names in the box(es) below | | TOTAL (GBP £) |
| Staff Member A | Name: | | |
| Staff Member B | Name: | | |
| CONSUMABLES: | You must attach a breakdown of expenditure for each budget heading. This can be in the form of a print out from your project account or finance system, covering the period of the claim (preferably in GBP and in English). Any claim for equipment still needs to be supported by invoices or receipts. If you are unable to provide an itemised breakdown we will accept copies of any invoices and receipts. | | |
| ANIMALS: | | | |
| EQUIPMENT: | | | |
| TRAVEL: | | | |
| OTHER: | To save on printing and postage please sent to us via email, at the time your claim is posted to grants@worldwidecancerresearch.org | | |
| | | | TOTAL AMOUNT CLAIMED in GBP (£) |
| ORIGINAL SIGNATURES | | | |
| I certify that the amount claimed is correct and that the related expenditure has been incurred as indicated. | | | |
| Signed: _____ | | (Grant Holder) | |
| Countersigned*: _____ | | Date: _____ | |
| <small>(Finance or Research Grants Office)* *Please note that this signature must not be that of the Grant Holder.</small> | | | |
| FOR WORLDWIDE CANCER RESEARCH USE ONLY | | | |
| Total Grant Award: £ _____ | Payment Restricted to: £ _____ | | |
| Paid to Date: £ _____ | Passed for Payment: _____ | | |
| Balance Outstanding: £ _____ | Entered by: _____ | | |

Full bank details must be provided on every claim

Reference you would like to appear on your bank statement.

Breakdown/invoices must be attached or emailed to us when the claim is posted.

Please specify the currency you would like to receive payment in.

Claim must be signed by the grantholder (scanned or photocopied signatures will not be accepted).

Full name needs to be specified for each staff member

Claim must be in GBP (£)

Claim must be countersigned (scanned or photocopied signatures will not be accepted).

Invoices must be attached for any equipment claim.