

CLAIM FOR REIMBURSEMENT FORM

This form is to be used for reimbursement of the following costs:

- Council tax payments
- **Emergency dental treatment** (up to an annual maximum amount)
- Optical treatment (up to an annual maximum amount)
- Charges for extension of your visa whilst on award or on deferment
- Other costs **pre-approved** by your Programme Officer

Please read the relevant sections of the *Handbook for Commonwealth Scholars and Fellows* before submitting this form.

Name: _____

Scholar ID: _____

Date	Description	Cost (£)
TOTAL (£)		

Claims will only be considered when accompanied by original itemised receipts

Payment to be made:

To Bank Account

To Cash Card

Signature: _____

Date: _____

Returning the form

Please return this form to your Programme Officer.

For Official Use			
Approved (PO): _____	Date: _____	Input (PA): _____	Date: _____
Checked (POF): _____	Date: _____		