

REMOVAL AND RELOCATION EXPENSES CLAIM FORM

All Claims to be presented within one year of commencement of employment (unless otherwise agreed under the 'exceptional circumstances' provisions). Please ensure you give the claim value in the currency in which it was paid. The University will undertake any conversion at the point of reimbursement.

Name of Claimant		
Department/Section and Campus		
Employment start date		
UK Location		
Removal Expenses		
Approved travel (if outside the EU). Please provide details:	Claim value :	invoice attached YES/NO *
Removal of household effects. Please provide details:	Claim value:	invoice attached YES/NO *
Removal of office equipment (within 12 months of appointment). Please provide details:	Claim value:	invoice attached YES/NO *
* If NO please provide explanation		
Storage Costs: max £1,000 (pro rata for part-time staff)		
Storage – please provide details:	Claim value:	invoice attached YES/NO *
* If NO please provide explanation		
Relocation Expenses		
Fees associated with sale/purchase/rental of new home. Please provide details:	Claim value:	invoice attached YES/NO *
Temporary accommodation charges. Please provide details:	Claim value:	invoice attached YES/NO *
Other approved costs – please list items (continue on reverse if necessary)	Claim value:	invoice attached YES/NO *
* If NO please provide explanation		
Signed: Date:		
Please return to: Deputy Payroll Manager, email: paymail@essex.ac.uk , Wivenhoe Park, Colchester CO4 3SQ, Essex, UK.	or by post to Human Re	sources, University o
	Date:	Page 1



Removal and Relocation claim continued.....

Other approved costs – please list items (continue on reverse if necessary)	Claim value:	invoice attached YES/NO *
•		
•		
•		
-		
•		
·		
For HR/Payroll use only: Expenditure Approved: Date:		



Reimbursement of Removal and Relocation Expenses: Bank Account Details

PLEASE WRITE CLEARLY IN CAPITAL LETTERS

Your full name as shown on your bank account			
Home / residential address			
House number and Street			
Town/City			
Post code/ Zip code			
Country			
Your email address			
The full address of your bank			
Your bank account number			
Your bank Sort Code			
For EU candidates*: the bank IBAN	I number		
For US candidates*: the bank Rout	ing number		
	need to check with their bank to see if there is any provide to ensure a safe transfer of funds		

- Please return this form with your Expenses Claim to: Payroll Manager, Human Resources, University of Essex, Wivenhoe Park, Colchester, Essex, CO4 3SQ. Alternatively scan in your documents and receipts and email to paymail@essex.ac.uk.
- When completing the claim form, expenses should be shown in their original currency. We will convert all expenses to the currency requested at the time of reimbursement.
- If reimbursement is claimed following commencement of employment, expenses will be paid via the University payroll.