

## ADVANCE EXPENSE REQUEST FORM

The purpose of this form is to request an advance payment in respect of estimated expenses due to be incurred on behalf of the University of Glasgow. Advances of this nature are not routinely provided and should only be authorised in <u>exceptional</u> circumstances. All expense advances are made at the discretion of the Head of Pay & Pensions – Operations.

Payments are made weekly, on a Friday, therefore all requests must be received by the Pay Control Section of the Finance Office by 4pm on the Friday of the preceding week. Payment will be made to the requester's expenses bank account as held on the PeopleXD HR/Payroll system.

Leavers/Staff members working notice period – before approving a Business Expense Advance, Managers must confirm that the staff member will submit the necessary expense claims to clear the advance within their employment period.

Advance Amount – The amount of advance requested must be estimated as accurately as possible based on the duration and nature of the trip to avoid the potential requirement to repay unused balances or require recovery from salary.

School/ Research Institute/ US Service Cost Centre:
School/ Research Institute/ University Service Name:
Employee No:
Employee Name (as it appears on passport):
Please detail the <i>exceptional circumstances</i> that necessitate an advance
Date advance required (this needs to be a Friday):
Expected date of return:
Amount of advance requested £
Amount in words



I acknowledge that this request is in respect of expenses to be incurred by me, solely on behalf of the University of Glasgow.

I understand I am required to submit a fully receipted actual expense claim through the PeopleXD system within three months of the expenditure being incurred and, should I fail to do so, <u>the full amount of this advance will</u> <u>immediately become repayable by deduction from my monthly salary</u>.

Employee Signature & Date .....

## This section to be completed by **authorising signatories**.

I hereby request that the above named employee should be advanced the sum of £
Name of Authorised Signatory (BLOCK LETTERS)
Job Title:
Staff No:
Authorised Signature & Date

Forms must be signed by the Head of College/R.I./School/Service before submission to the Pay Control Section via the <u>self service</u>.