DECLARATION FORM FOR PAYMENT OF RELOCATION EXPENSES

Please complete this form to inform us of your intention to claim relocation expenses. We will then assess your eligibility based on the information you provide. Please note that the form must be signed by both yourself and your Dean of Faculty/Director.

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| --- | --- |
| Name of Claimant: |  |
| Faculty/Directorate: |  |
| Job Title: |  |
| Date of Appointment: |  |
| I wish to apply for Oxford Brookes University's Relocation Expenses. |
| I am relocating from (address of current residence):Rented/owned\* | I am relocating to (address of intended residence):Rented/owned\* |
| ***\* Please delete as appropriate*****I have received and understood the conditions of the Relocation Expenses Scheme and agree to abide by them.** |
| Signature of Claimant: Date: |
| Supported by Dean of Faculty/Director: Date: |
| *Please forward this form to the Directorate of Human Resources, who will endeavour to respond within five working days.* |
| FOR HR USE ONLY |
| Date received: Initials: |
| Declaration approved by HR: Date: |
| Amount to be claimed:  |
| If not maximum grant, allowances payable: |
| Comments: |
| Code to: Date to Finance: |

# CLAIM FOR PAYMENT OF RELOCATION EXPENSES

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| --- | --- |
| Name of Claimant: | Employee No: |
| Faculty/Directorate: | Date of Claim: |
| Have you made a previous application for part of these expenses? YES/NO |
| If YES, please give details below: |
| Date of Application | Allowance(s) | Amount £ p |
|  |  |  |
|  |  |  |
|  |  |  |
| Receipted accounts should be attached for each item under (1) or payment may be delayed. Mileage claims will be reimbursed at the public transport rate of 20 pence per mile. |
| (1) Removal Expenses and other related expenditure | £ | p |
|  |  |  |
|  |  |  |
|  |  |  |
| (2) Immigration visa expenses ............  |  |  |
| **TOTAL CLAIM** |
| I make this claim in accordance with the conditions of the Relocation Expenses Scheme, details of which I have received and agreed to. |
| Signed: Date: |
| Certified as correct: Date: (Dean of Faculty/Director) |
| ***Please forward completed form to the Directorate of Human Resources*** |
| Authorised for payment: Code to: (Human Resources) |