# SSA-logo-RGBAcademic Fellowship

# Expenses claim form

Maximum total fellowship research costs allowed (over term of fellowship): £20,000

|  |  |
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| Claimant’s name: |  |
| Amount agreed/claimed to date (excluding VAT): | £ |
| Balance available for this claim: | £ |
| Date of event: |  | Date of claim: | dd/mm/yyyy |
| Day time tel. no.: |  | Email address: |  |

|  |  |  |
| --- | --- | --- |
| Payment details:(UK banks only) | Acct. name: |  |
| Acct. no.: |  | Sort code: |  |

|  |
| --- |
| About this claim |
| Please outline what this expenditure is for, where and when it will take place and what involvement you will have: |
| *(Attach separate MS Word document if necessary)* |
| How will this add to your fellowship and in what way(s) will it benefit the SSA? |
| *(Attach separate MS Word document if necessary)* |

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| Itemised budget (noting SSA expenses policy: www.addiction-ssa.org/funding/expenses) |
| Travel: |  | Amount: |
|  |  |
| Accommodation: |  |  |
|  |  |
| Subsistence: |  |  |
|  |  |
| Registration fees: |  |  |
|  |  |
| Other (provide details): |  |  |
| Laptop | £ |
| Total: | £ |

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| Acknowledgement |
| ‘I, the claimant, understand and accept that by submitting this budget, that if it is agreed, the SSA will fund any overspends entirely at its discretion and that any agreed reimbursement will be made only after expenditure has been incurred and I have submitted receipts for all items to the SSA’. |

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| **Claimant’s signature:** |  |
| **Authorising signature:** |  |
| **Chief Officer’s signature:** |  |