

GENERAL CLAIM FORM FOR EXISTING PERMANENT EMPLOYEE Failure to complete the form in full may result in delayed payment

| NAME DEPT | | | | | | | PAYROLL NO HOURLY RATE £ | | |
|----------------------|-----|--|---|------------|--|--|-----------------------------|--|--|
| | | | | | | | | | |
| Claimant Signature | | | | | | | | | |
| Cost Code details | 1 2 | | % | RVP RVP | | | | | |

| Authorised by (Full name, printed) | |
|------------------------------------|--|
| (See note for Managers below) | |

Note for managers: Prior to signing this Claim, please ensure you are an authorised signatory registered with the Finance