

Human Resources

Unit name goes here

# visa expenses Application Form

|  |
| --- |
| **Personal Details** |
| Name: |  |
| Job title: |  |
| School/Function |  |
| Department: |  |
| Principal Investigator/ Line Manager: |  |
| Employee number: |  |
| Start Date: |  |
| Fixed term contract end date (if applicable): |  |
| Please indicate if you have moved to the UK for the first time or were already domiciled in the UK: |  |
| **Details** | **Employee** | **Dependent(s)** | **Total** |
| Amount for Visa application: | £ | £ | £ |
| Amount for NHS surcharge fees: | £ | £ | £ |
| Total visa costs: | £ |
| **Dependent(s) details**(Please complete this section if claiming visa fees or NHS surcharges for dependents) |
| Dependent Name | Relationship | D.O.B. (if under 18) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please complete, sign and return this form to HR@reading.ac.uk

**Please note, a claim can only be made where grant funding is available and allows for this as an eligible cost. Please liaise with the Principal Investigator or your Line Manager before completing this form.**

|  |
| --- |
| **Signed declaration** |
| I accept the terms and conditions of the University of Reading Visa Expenses Policy.**I attach a copy of the receipts obtained from UKVI to confirm the amounts paid. This is required in all cases.**I understand that:1. a claim can only be made where grant funding is available and allows for this as an eligible cost
2. the grant reference must be provided alongside this application form
3. eligibility to work documentation must be provided alongside this application form
4. I can only claim expenses for visa applications for myself, my dependents and to cover the NHS surcharge, where applicable.
5. I am bound by the terms of the grant
6. this expense payment is made by the University under the HMRC rules applicable on the date of application. HMRC changes its regulations from time to time and in such cases the University may be required to amend the terms of the policy to ensure it continues to comply with HMRC rules.

**I confirm that the information I have provided in this application is accurate and that any information found to be false may result in disciplinary action.** |
| Name: |  |
| Signature: |  |
| Date: |  |
| **Authorisation – School/Function****(This section to be completed by the School/Function)** |
| Grant details / title: Funder Reference:Project Code: I understand that:1. the claim will be reimbursed from this grant funding and cannot be covered by any other means
2. it is the PI responsibility working with Research Development Managers to cost visa expenses in to grant applications and obtain permission from funders
3. consideration will not be given to any application where the supporting information has not been provided
4. Human Resources will return any incomplete application to the Principal Investigator/Line Manager
 |
| Principal Investigator/Line Manager: |  |
| Signature: |  |
| Head of School/Function: |  |
| Signature:  |  |
| **Please now return this form and the accompanying evidence to HR** |
| **Authorisation**(This section to be completed by Research Accounts and HR) |
| Research Accounts approval: |  |
| Date approved by Research Accounts: |  |
| HR approval:  |  |
| Date approved by HR: |  |
| Payroll processing: |  |