

PER DIEM CLAIM FORM

Name: _____ Staff No. : _____ Phone: _____

Faculty/Section : _____ Dept/School/Office _____

Bank Acct Details: Bank _____ Bank/Bank Account No: _____

SECTION: A

			(a)	(b)	(c)	(d)
DATE	PLACE	PURPOSE	No. of NIGHTS	PER/DIEM RATE	EXCH RATE	TOTAL F\$
				-		-
				-		-
				-		-
				-		-
				-		-
				-		-
				-		-
				-		-
TOTAL F\$						

SECTION: B BANNER FINANCE CODE

FUND	ORGN	ACCT	PROG	AMOUNT F\$
				-
				-
				-
TOTAL				-

I certify that all the expenses claimed above (will be/have been) incurred by me on University Business and the unspent amount will be returned within 30 days of my return from the trip.

Description	Name	Signature	Date
Claimant			
FAO/Mgmt Accountant/ PRIDE Accountant			
*Approved by			
<i>For use by Accounts Payable (AP) unit only:</i>			
Checked by:			
Sr. Accountant			

PER DIEM CLAIM FORM

Payment Details:

PV No: _____ Date: _____

Cheque #/Deposit Date: _____ Date: _____

NOTES

1. This form is to be forwarded to the Accounts Payable (AP) unit along with any receipts pertaining to this claim. A copy to be distributed as noted in note (4) below.
2. Travel Itineraries must be attached to all Per Diem Claim Forms if claims are travel related.
3. The code for Fund, Organisation, Account and Program must be entered on the space provided (Please refer to Department Budget Controller for codes where necessary).
4. In respect of Section A
 - (a) Number of nights per diem claimed
 - (b) Applicable per diem rate in either Fiji dollars or foreign currency
 - (c) Please complete exchange rate only where foreign currency rates are claimed
 - (d) Please complete only if per diem claimed is in Fiji dollars
5. In respect of Section B
Please select the applicable account code for per diem

<u>Account Code</u>	<u>Description</u>	<u>Distribution</u>
70762	Subsistence Allowance (Per diem)	Retained by department
72121	Conference/Seminar – Subsistence	Personnel Office
72221	Study Leave – Subsistence	Personnel Office
72321	Training Leave – Subsistence	Personnel Office
74183	External Assessors – Subsistence	Personnel Office
75162	Council Members - Subsistence	Personnel Office

* Please refer to item 17.1 of Policy 6.2.02 – Scheme of Financial Delegations in force for the competent staff with the delegation to sign as Approver.