fee claim for

Professional ExpertS

Human Resources

Unit name goes here

PAYMENT FORM

Information

This form is for Professional Expert payments and expenses for incidental or one-off pieces of work. All work must be approved in advance by the appropriate person in the School. The University reserves the right not to make payment when work has been undertaken without prior approval. Payments will only be made for work undertaken and completed to a satisfactory standard.

Professional Experts are appointed to **undertake specific, limited and one-off pieces of work over a short and defined timescale**, usually drawing upon their practice-based expertise. Such individuals would normally have significant professional or academic experience, holding appropriate professional qualifications. Professional Experts might provide a single or a series of guest lectures or seminars, based on their professional or subject expertise, normally in the area or practice of the subject they are teaching. **Normally this contribution would be limited to a single or one-off episode during the course of an academic year, but may re-occur on an annual basis**, and will be contained within a module convened by University academic staff. Any more substantial, but time limited contribution to Undergraduate teaching should be undertaken by substantive academic staff and/or Associate Lecturers. The claim should not exceed £2,000.00.

**Professional experts are not employees of the University** and are normally employed elsewhere. They will not require or receive a University username, email-address or access to University systems. Rates of pay are negotiable within reason and reflect the specific professional market rates; payment of fees and agreed expenses is made via the relevant (Professional Expert) fees and expenses form.

# All payments must be submitted to Payroll@reading.ac.uk within 3 months of the work being completed and will be paid within 2 months of Payroll receiving the form in accordance with payroll and other deadlines.

**Please attach one form per email and the name of the individual in the subject line. Any forms that do not adhere to the above information or are not completed with ALL the required information will not be processed.**

**Section One: For completion by the School/Function**

***This form CAN ONLY be used for:***

* Non-University of Reading employees who are undertaking incidental, limited and one-off pieces of work over a short and defined timescale and where there is no reasonable expectation of ongoing work;

***This form CANNOT be used for:***

* Existing University of Reading staff members;
* Paying self-employed individuals without deduction of tax where the Employment Status Questionnaire process must be followed, or payments to VAT registered companies;
* Current post-graduate students providing lectures, tutorials or marking, please contact Campus Jobs or if appropriate for the nature of the work undertaken, the Associate Lecturer arrangements.

**Please check that the claim is for a Professional Expert only and complies with the information above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | DESCRIPTION OF WORK ACTIVITIES | |
| **Date From** | **Date To** | **Provide details of work undertaken** | | **Fees Payment (£)** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |

|  |  |
| --- | --- |
| DETAILS OF THE SCHOOL CONTACT WHO HAS ORGANISED THE WORK | |
| **Name** |  |
| **Contact Details** |  |
| **Department Details** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACCOUNTING INFORMATION | | | | |
| **Description** | **Total (£)** | **Account Code** | **Project Code** | **Cost Code** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Section Two: For completion by the Professional Expert (Claimant)

All the information below must be completed; the form will not be processed if any required information is missing.

|  |  |
| --- | --- |
| PERSONAL DETAILS | |
| Title |  |
| First name |  |
| Middle Name(s) |  |
| Surname |  |
| Date of Birth |  |
| Gender (HMRC requirement) | Male Female |
| NI Number (if relevant) |  |
| Are you self-employed? |  |
| HMRC Unique Taxpayer Reference Number (if you have one) |  |
| Address |  |
| Email address |  |
| Have you worked for the University within the last 12 months? |  |

## 

|  |  |
| --- | --- |
| BANK DETAILS | |
| Bank Name |  |
| Name on Account |  |
| Sort Code |  |
| Account Number |  |
| If applicable – Building Society Roll Number |  |

Any payments to non-UK bank accounts also require completion of a Foreign Payment Form which must be completed by the School/Department. Payments to foreign bank accounts may entail exchange rate impacts. The link to the Foreign Payments form is available here:

<http://www.reading.ac.uk/closed/finance/A-Zsearchableindex/fcs-atoz-mainpage.aspx>

**The University will determine whether UK tax and social security should be paid. Please complete the following information to help us ensure that the correct payments are made.**

|  |  |  |
| --- | --- | --- |
| **Employee Statement please tick a box** | |  |
| Statement A | This is my first job since 6 April and since the 6 April I have not received payments from any of the following: • Jobseeker's Allowance • Employment and Support Allowance • Incapacity Benefit |  |
| Statement B | Since 6 April I have had another job, but I do not have a P45. And/or since the 6 April I have received payments from any of the following: • Jobseeker's Allowance • Employment and Support Allowance • Incapacity Benefit |  |
| Statement C | you have another job and/or • you are in receipt of a State, Works or Private Pension |  |

|  |  |
| --- | --- |
| **Please confirm which of the following may apply** |  |
| The fees claimed are for lecturing and I agree not to give more than 3 lectures in 3 consecutive months, or the lectures are open to the public and are not part of a University of Reading accredited course |  |
| The fees claimed are for lecturing and I do plan to give more than 3 lectures in 3 consecutive months |  |

**Expenses**

Reimbursement of any expenses incurred by the Claimant must be claimed using this form and must be supported by VAT receipts. Expenses other than mileage will not be reimbursed without receipts. Please give full details of any expenses, including all journeys. Please note, in line with HM Revenue and Customs regulations, expenses for home to work travel will be subject to deduction of tax and National Insurance. Mileage will be reimbursed at the rate of 45p per the first 70 miles and 25p after 70 miles.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EXPENSES | | | | | |
| Ref | Net | VAT | Gross | Miles | Include details of journey start/end point and reason | |
| 1 |  |  |  |  |  | |
| 2 |  |  |  |  |  | |
| 3 |  |  |  |  |  | |
| 3 |  |  |  |  |  | |
| 5 |  |  |  |  |  | |
| Total Expenses (£) | | | |  |  | |

|  |  |
| --- | --- |
| TOTAL PAYMENT REQUIRED | |
| Total Fees (£) |  |
| Total Expenses (£) |  |
| Total PAYMENT (£) |  |

Email confirmation will be provided when the payments are made.

You will be emailed a payslip, the password for this is as follows:

TN (capital letters), date of birth (ddmmyy), p (lower case) e.g. Date of birth 23 May 1984 - TN230584p

**Section Three: Declaration and Approval**

I confirm that the details provided are correct and that my claim is in accordance with the University of Reading Policy and Guidance in respect of Professional Experts.

|  |  |
| --- | --- |
| CLAIMANT SIGNATURE | |
|  | |
| PRINT NAME | DATE |
|  |  |

**Identity Check**

The School should satisfy themselves that the person detailed on this form is who they say they are and that this is a legitimate person/payment.

**Approval**

Signing this form indicates agreement to this expenditure and confirmation that the work for which payment is claimed has been carried out by this person to a satisfactory standard, that the expenses have been properly incurred and are in accordance with the University’s policies, rules and financial regulations.

|  |  |
| --- | --- |
| HEAD OF SCHOOL/FUNCTION SIGNATURE | |
|  | |
| PRINT NAME | DATE |
|  |  |
| Email address: |  |

|  |  |
| --- | --- |
| HR confirmation to proceed to payment | |
|  | |
| NAME | DATE |
|  |  |

## Version control 1.0

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Keeper | Reviewed | Approved by | Approval date |
| 1.0 | HR | June 2021 | HR | June 2021 |
| 1.1 | HR | November 2021 | HR | November 2021 |