

CLAIM FOR REIMBURSEMENT FORM

This form is to be used for reimbursement of the following costs:

- *Council tax payments*
- **Emergency dental treatment** (up to an annual maximum amount)
- *Optical treatment* (up to an annual maximum amount)
- *Charges for extension of your visa whilst on award or on deferment*
- *Other costs **pre-approved** by your Programme Officer*

Not all Scholars and Fellows will be entitled to a reimbursement of the above costs; please read the relevant sections of the *Handbook for Commonwealth Scholars and Fellows* before submitting this form.

Name: _____

Scholar ID: _____

Date	Description	Cost (£)
TOTAL (£)		

Claims will only be considered when accompanied by original itemised receipts and evidence of treatment (in the case of dental or optical claims).

Signature: _____ Date: _____

The CSC is committed to protecting your personal information and to being transparent about the information we are collecting about you and what we do with it. To find out more, please see our privacy note:
<http://cscuk.dfid.gov.uk/privacy-note>

Returning the form

Please return this form to your Programme Officer.

For Official Use			
Approved (PO): _____	Date: _____	Input (PA): _____	Date: _____
Checked (POF): _____	Date: _____	Finance Code: _____	