**PSSRU Research Advisor Payment Form**

This payment claim form is in relation to the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the research contact is:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **I confirm the following work/attendance at a meeting on** (detail work undertaken and date)**:** | **I will receive the following fee as payment** (insert amount)**:** |
|  |  |
|  |  |
|  |  |
|  **The total fee for work/meeting attendance is £** |

I acknowledge that this payment does not make me an employee of the University of Kent and that I remain responsible for the payment of all relevant taxes and responsible for declaring the income to any relevant authorities. I am aware that receiving this payment might affect my entitlement to certain benefits.

I am aware that this form, including my bank details, will be passed to colleagues in the University of Kent’s Divisional Finance Team, Research and Innovation Accounts Team and the Payments Office. It is also possible that funding auditors may ask to see this form.

*\*Claims must be submitted within 1 month of activity date otherwise we cannot guarantee payment\**

*Please allow 4-6 weeks for the payment to be made.
If you have not received the payment within this time, please do let us know.*

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| **Research Adviser Name**:  | **Bank account details**Bank account name:Sort code:Account number: |