All monies due to students should be paid from the placement team budget.

With the students first claim an Individual vendor request form and a BACS form should be submitted along with a completed large white coding slip and supporting Expenses spreadsheet (which should have the students name and address on it).

These should be sent electronically to the authorised budget approver who will review the forms and approve them electronically by forwarding them directly to [Paymentcompliance@gloucestershire.gov.uk](mailto:Paymentcompliance@gloucestershire.gov.uk)  stating “Expenditure Approved” in the email text box.

Please submit subsequent mileage claims on a monthly basis, by completing a large white coding slip & the mileage & expenses excel sheet, and sending electronically to the authorised budget approver as above.

Here are links to the forms

[Individual vendor form & BACS form](https://staffnet.gloucestershire.gov.uk/search/?) See Guidance template for completing the individual vendor form below.

[Big Coding Slip](https://staffnet.gloucestershire.gov.uk/policies-procedures-and-forms/financial-guides-and-manuals/invoice-coding-slips/) Please see '[how to complete a coding slip](https://staffnet.gloucestershire.gov.uk/media/230818/how-do-i-complete-an-invoice-coding-slip.pdf) ' guidance document

[Staff travel expenses claim form](https://staffnet.gloucestershire.gov.uk/internal-services/business-service-centre-bsc/pay-and-conditions/employees/how-do-i-submit-claims-if-i-dont-have-sap-ess/)

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| --- |
| **FRMCR001A** |

**REQUEST TO CREATE, AMEND OR DISCONTINUE A**

**VENDOR**

**Action required:** **Create/Amend Date:** **Important\*\*\***

**Justification:**  **Important\*\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From:** | **Name**  **Important\*\*\*** | | **Department**  **Important\*\*\*** | | **Telephone Number**  Important\*\*\* |
| **Vendor Details** | | | | | |
| **Vendor Name:**  **Important\*\*\* Vendor Number:** **Important\*If amendment**  **VAT Reg: GB** **N/A**  **Company Code/Charity Number:** **N/A** | | | | | |
| **Product Category:**  **NA Sourcing Pool:**  **NA**  **(see new vendor request guidelines)**  **Type of Vendor:** **Important\*\*\***  **Type of Industry:** **Important\*\*\*** | | | | | |
| **Construction Industry Details (If applicable)**    **NI No.:** **N/A CIS UTR No.:**  **N/A** | | | | | |
| **Vendor Invoice Address** | | **Vendor P/O Address (if different)** | |
| **Building,PO Box No.** | |  | |  | |
| **\*No. /House Name** | | **Important\*\*\*** | | **N/A** | |
| **\*Road / Street** | | **Important\*\*\*** | | **N/A** | |
| **Town/City** | | **Important\*\*\*** | | **N/A** | |
| **County** | | **Important\*\*\*** | | **N/A** | |
| **\*Post Code** | | **Important\*\*\*** | | **N/A** | |
| **\*Work Tel. No.** | | **Important\*\*\*** | | **N/A** | |
| **Mobile Tel. No.** | |  | |  | |
| **Fax No.** | |  | |  | |
| **\*Email Address for Purchase Orders to be sent to:** **N/A**  **\*Email Address for BACS Payment Receipt:**  **Important\*\*\*** | | | | | |
| **For Sourcing Pool use only NA**  **Have all details been checked and completed and Form passed to BSC? Yes No**  **Email BSC - Financial Administration (FORMS)**  Passed to BSC by:  Date: | | | | | |
| **Payment Terms:**  **Details:** **for individuals always Z001** | | | | | |
| **Budget Holder Approval:** **Details** | | | | | |
| |  | | --- | | **Bank Details**  **Sort Code:**  **Account:**  **Account holder:**  **Verified by submitter :**  **Verification type:** **Important\*\*\***  **How bank account details were verified :** |   **Has User been notified that request has been actioned? Yes No**  Added to SAP by:  Date: | | | | | |