

**GENERAL CLAIM FORM FOR EXISTING PERMANENT EMPLOYEE**  
Failure to complete the form in full may result in delayed payment

NAME..... PAYROLL NO. ....  
DEPT..... HOURLY RATE £ .....

DATE	HOURS	SUBJECT	£

Claimant Signature ..... Date .....

I confirm I have completed the work detailed above

**AUTHORISATION - For Budget Holder to complete in full**

Cost Code details	1	%	RVP			
	2	%	RVP			
	3	%	RVP			

Authorised by (Signature)	Date
Authorised by (Full name, printed) (See note for Managers below)	

**Note for managers:** Prior to signing this Claim, please ensure you are an authorised signatory registered with the Finance Department at Camden.

FOR PAYROLL USE ONLY					
Data input by		Data checked by		Month	