

PAYMENT TO CPD 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	