



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	£

ClaimDC BT /TT0 1 Tf /CS1 cs 1 0 Pjt /C2 C9% E O E1 d@jv“-B ' R Q R Q R Q Q R

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) _____

FOR PAYROLL USE ONLY

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