



**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**

<b>Cost Code details</b>	1		%	RVP			
	2		%	RVP			
	3		%	RVP			

**Authorised by** (Signature) \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorised by** (Full name, printed) \_\_\_\_\_

**FOR PAYROLL USE ONLY**

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