



**FINANCE DEPARTMENT
PAYROLL SECTION
DSE CLAIM**

EMPLOYEE NAME	PERSONNEL NUMBER	PAYROLL AREA

COLLEGE/SCHOOL/SUPPORT UNIT:	
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Employee declaration:

I have read and understood the University's Display Screen Equipment (DSE) policy and can confirm that I have incurred these expenses in purchasing a prescription which is for the specific use of DSE at work:

Claim amount for eye test:	£ _____ (maximum value £20)
Claim amount for prescription:	£ _____ (maximum value £50)

Signed:		Date:	
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Line Manager declaration:

I can confirm that this member of staff is a DSE user and fully meets the requirements outlined in the policy.

Authorised by:		Date:	
	<i>(signature)</i>		
Print name:			
	<i>(block capitals)</i>		

<i>for Payroll Section use only</i>		
<i>Signature checked by</i>	<i>Input by & date</i>	<i>Audited by</i>