

## Eye Test Form

I claim reimbursement for the eye test incurred (set out below) in respect of:

DATE	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

Please note that the School will reimburse £40.00 towards the cost of your glasses, plus the fee charged for your eye test, if carried out in the UK. Please ensure that you attach written confirmation from your optician, (known as the certificate of recommendation) stating glasses are required for VDU use plus your receipts.

**Name (please print):** .....

**Address/Department:** .....  
 .....  
 .....

Post Code: .....

**Bank Details:**

Bank Name: .....

Bank Address: .....  
 .....  
 .....

Post Code: .....

Sort Code: ...../...../.....

Account No: .....

Roll No (if applicable): .....

**Signed:** ..... **Date:**.....

In order to claim expenses, all staff must use the [Agresso System](#). Information on how to submit a claim can be found on - <https://mysoas.sharepoint.com/directorates/fpd/Pages/Expenses.aspx>. Forms submitted by hardcopy or email will be returned to the claimant.