

St John's College, Oxford

THESIS BINDING CLAIM FORM

Name:

Course:

Date that you were granted leave to supplicate:/...../...

Amount of claim £..... (Please attach receipts)

Details for payment:

Name for Cheque:

Postal Address for Cheque:

.....

..... Postcode:

The current maximum claim is for two copies up to £30 each (£60 in total).

Please attach your receipts to this form and take it to the Accounts Office.