



Ministry of Defence

Miscellaneous Personal Payment (MPP) Authority for Payment

Please write in BLACK in BLOCK CAPITAL LETTERS inside the boxes. \* Mandatory Fields - must be completed.

This Section Must be completed by Budget Manager

Initials, Surname, Title, Address, Forename(s), Contact No, Postcode, Staff/Service Number

\*Authorising Branch Code Must be completed by Budget Manager

NOT TO BE USED FOR TAXABLE PAYMENTS

Claimants with a Staff Number MUST complete section 1 and Section 3 only. Claimants without a Staff Number MUST complete Sections 2 and 3 only. Completed forms should then be passed to the Budget Manager. Warning: If the required fields are not completed there may be a delay in this form being processed

Section 1 – Personal Details of Claimants WITH a Staff Number

\*Surname, \*Forename(s), \*Title, \*Staff Number

Section 2 – Personal and Payment Details of Claimants WITHOUT a Staff Number

\*Surname, \*Forename(s), \*Title, \*Address, Town/City, Post Code, Sort Code, Account Number, Roll No. Payment through Bank Credit is not possible, please make payment by Personal Cheque

\* Section 3 – Payment Details (must be completed)

Amount Requested (£ p), Date of Claim, Explanation of Payment

Now pass this form to the appropriate Budget Manager



**\*Section 4 – To be completed by the Budget Manager**  
**Classification of Details. Do not send receipts. These should be retained locally for audit purposes.**

| *RAC                |  |  |  |  | LPC |  |  |  |  |  |  |  | VAT Code |  | *UIN |  |  |  |  | *Amount |  |   |  |  |  |  |  |  |
|---------------------|--|--|--|--|-----|--|--|--|--|--|--|--|----------|--|------|--|--|--|--|---------|--|---|--|--|--|--|--|--|
|                     |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  | £       |  | p |  |  |  |  |  |  |
|                     |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  |         |  |   |  |  |  |  |  |  |
|                     |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  |         |  |   |  |  |  |  |  |  |
|                     |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  |         |  |   |  |  |  |  |  |  |
| Branch Ref.         |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  |         |  |   |  |  |  |  |  |  |
| *Reason for Payment |  |  |  |  |     |  |  |  |  |  |  |  |          |  |      |  |  |  |  |         |  |   |  |  |  |  |  |  |

**\*Section 5 – Declaration by Authorising Officer**

I certify that the information entered on this form is correct and has been duly approved by the appropriate authority. I understand that deliberate submission of false information is a serious offence and can lead to dismissal and/or prosecution. I confirm that I am **not** the claimant. **Unsigned forms will not be accepted.**

Surname  Forename(s)  Title

Grade  Telephone No.

Signature  Date



In accordance with the Data Protection Act 1998, the Ministry of Defence will collect, use, protect and retain the information on this form for the purpose of exercising or performing rights and obligations in connection with employment including the production of management information, which will be collected centrally. If you have any concerns you should advise the DBS.

**Section 6 – What to do Next (Authorising Officer)**

Submit pages 1 and 2 of the form by post to: **Defence Business Services, Scanning Hub, PO Box 38, Cheadle Hulme, SK8 7NU.** (Do not use staples or attach further information in any other way).  
**PLEASE NOTE FAXED COPIES OF THIS FORM WILL NOT BE ACCEPTED.**

**Thank you**