Gloucestershire NHS Finance Shared Service

TRAVEL & EXPENSES CLAIM (Must be submitted monthly and in the financial year to which the claims relates)

N.B. All fields in the sections below MUST be completed on EVERY claim form. Failure to do so may result in the claim form being returned, and a delay in your claim being paid.
PLEASE COMPLETE IN RED IF THERE ARE ANY CHANGES TO YOUR PERSONAL OR VEHICLE DETAILS BELOW.

NAME OF TRUST: **GLOUCESTERSHIRE HOSPITALS FOUNDATION TRUST**

PAY NO/ASSIGNMENT NO: N/A - Medical Student PAID WEEKLY OR MONTHLY: _____
(From your pay advice)

SURNAME : _____ INITIALS: _____ TITLE: _____

HOME ADDRESS: _____

MONTH OF CLAIM : _____

BASE: GRH – Redwood Ed' Centre DEPARTMENT: Gloucestershire Academy JOB TITLE: Medical Student

VEHICLE DETAILS:

REGISTRATION NO. _____ TYPE OF VEHICLE: *Own Car/*Lease Car/*Motor Cycle/*Bicycle

MAKE/MODEL & C.C. OF VEHICLE: _____

PETROL OR DIESEL: _____ INSURANCE COMPANY: _____

CLAIM SUMMARY: **UNDERGRADUATE OFFICE USE ONLY**

FOR LEASE CARS ONLY: MILEOMETER READING AS AT LAST CLAIM: _____
AS AT THIS CLAIM: _____
TOTAL BUSINESS: _____
TOTAL PRIVATE: _____

				£	p
LEASE VEHICLE: _____	PAYABLE MILES @ _____	PER MILE			
LUMP SUM ALLOWANCE (Regular Use Only)					
OWN VEHICLE: Full Rate _____	PAYABLE MILES @ 24p	PER MILE			
Public Transport Rate _____	PAYABLE MILES @ _____	PER MILE			
Total Passenger Miles _____	PAYABLE MILES @ 5p	PER MILE			

PLEASE STAPLE RECEIPTS TO CLAIM FOR THE FOLLOWING:

FARES, FEES, TOLLS ETC		
SUBSISTENCE		
POSTAGE		
OTHER TRAVEL EXPENSES		
PLEASE ATTACH VOUCHERS / RECEIPTS	TOTAL CLAIMED £	

I DECLARE THAT:

(I) The travel expenses and/or subsistence allowances claimed are in accordance with the provisions of the Trust's Terms and Conditions of employment and are in respect of expenses necessarily and solely incurred whilst engaged in the service of the Trust.

(ii) Where a claim for car mileage in my private vehicle has been made (a) Travel by Public Transport was not appropriate and (b) The vehicle has a current Road Fund Licence and is in a roadworthy condition complying with Road Traffic Acts (c) A valid third party insurance policy (including cover against risk of injury or death of passengers and damage to property) in respect of the vehicle was held for the period of the claim (d) A policy will continue to be maintained while the car is used by me and will cover the use of the car on official business (e) I have confirmed with my insurance company that I am fully insured for Business use.

(iii) Where a claim for day subsistence has been made I CERTIFY THAT it was necessary to spend more on meals than when I am at my regular place of employment and that if the rate for over 10 hours is claimed two meals were in fact necessarily taken while away from home or base.

(iv) I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the journeys and expenses detailed on this travel claim. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Counter Fraud and Security Management Service for the purpose and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Claimant's Signature X _____ Date X _____

I certify to the best of my knowledge and belief the claimant was engaged on the service or business stated on the date(s) shown overleaf and that the amounts claimed are in accordance with the rules approved by the Trust.

Certifying Officer's Signature _____ Designation _____ Contact No. _____

Certifying Officer's Name in Capitals _____ Date _____

Cost Code (If Change Required Only)

Date and Month	*Time		Starting Point	JOURNEY	Finishing Point	Vehicle Mileage No. of Miles				Official Passengers		Fares Tolls Parking		Subsistence Allowance	
	Leaving	Return		Place visited and purpose		Actual Business Mileage	Payable Business Mileage	Actual P/T Mileage	Payable P/T Mileage	Name	Pass Miles	£	p	£	p
				TOTAL CARRIED OVER											

*To be completed in all cases where subsistence is claimed, when the official journey commences outside normal working hours or office “Call-Outs”.

Please refer to guidance notes when claiming vehicle mileage.