

Trial Delivery 06 – Managing Participant Expenses

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the Research & Development Webpage for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded version are promptly withdrawn from use unless notified otherwise by the SOP Controller.

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<http://www.gloshospitals.nhs.uk/en/About-Us/Research-Development/>

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VERSION HISTORY LOG

This area will be updated with details of all changes made to the SOP whether due for full review or not.

Version	Details of Change	Date Implemented
1.0	Original SOP	09/01/2017
2.0	Rebranding to GHNHSFT	31/03/2018

This SOP will be reviewed every two years unless changes to any relevant legislation require otherwise

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1. Introduction, Background and Purpose

The purpose of this SOP is to set out the issues to be considered when completing an 'Application for Payment' form and the steps to be taken, including trials unit approval.

Each study protocol should indicate whether or not participant expenses can be reimbursed and the maximum amount payable. If it is believed that the participants travel expenses will exceed this amount, prior approval must be obtained, in writing, from the trials unit that the amount is acceptable.

2. Who should use this SOP?

Any member of the research team who is named on the delegation log should refer to this SOP to ensure they are aware of the process and kept up to date with the requirements for reimbursement of participant expenses.

3. When should this SOP be used?

This SOP is applicable to all clinical trials sponsored, co-sponsored and hosted by the Trust that where participant expenses can be reimbursed. It should be read alongside the trial protocol and costing template. It should be referred to throughout the trial delivery to ensure all staff are aware of the process for claiming participant expenses.

4. Why should an 'Application For Payment' Form be completed

Following changes to procedures for payments via petty cash, all participant expenses should be obtained through the Trust 'Application for Payment' process; this ensures that the participant receives the money directly and that an audit trail can be provided for each of the trials undertaken within the Trust.

Participants should receive reimbursement within a month of the 'Application for Payment' form being submitted to Creditor Payments, payments by cheque are usually undertaken on a Friday.

Only those studies where participant travel expenses are reimbursed by the Trials Unit can expenses be claimed. Each trial should indicate the amount payable within their protocol and / or costing template which can be found in the site files.

5. How to complete the 'Application for Payment' form

5.1. Completing the 'Application for Payment' Form

Please ensure that the 'Application for Payment' form (see Appendix 1) is completed in block capitals and black ink.

The research team should complete as much of the form as possible before passing it onto the participant to complete or take away with them.

If the participant takes the form away with them in order to attach their parking receipts etc., then they should be provided with a pre-paid return envelope, so that they don't incur any further costs.

The travel expenses are calculated at 0.45p per mile unless stated differently within the protocol and / or costing template. All other expenses are usually only payable upon a valid receipt.

All travel calculations should be indicated on the back of the form e.g.: home to GRH and back (8miles each way) would be indicated as $8 \times 2 = 16 \times 0.45p = £7.20$ per trip. Then all receipt costs need to be listed and added to this amount.

If receipts are unavailable this must be indicated and details of the charge provided on the back of the 'Application for Payment' Form.

All forms must be returned to the Office Manager / Research Administrator within the Research Support Service Office, to ensure that payments are processed and copies retained in order to claim back the expenses from the trials unit at an appropriate time point.

5.2. Participant Details

As the participants payment details will not be available on the Trust BACS system, therefore the usual payment is made via cheque. This box must be ticked indicating cheque payment is required on the form and the payee's full details completed, to ensure a prompt payment is made.

5.3. Amount Payable

The amount payable to the participant needs to be indicated clearly in words and figures on the form. This amount must coincide with the details provided on the back of the form and / or receipts attached.

5.4. Order No. / Description

The study title, participants visit and date(e.g. visit 4 on 10/10/2016) and an explanation of what is being claimed should be provided within this section of the 'Application for Payment' form.

5.5. Trial Account Details

The research member of the team completing the 'Application for Payment' form should complete the appropriate boxes at the bottom of the form with the following information.

Account Code: 7211
Cost Centre: 59541

An Analysis Code will also be required; this will be completed by the Research Support Service, Office Manager/ Research Administrator.

6. Related SOPs

R&D SOP TD 01 Research documentation and file management

Appendix 1 – APPLICATION FOR PAYMENT FORM

GHX

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
APPLICATION FOR PAYMENT**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

**To: Creditor Payments
Paymaster Services
Victoria Warehouse
The Docks
Gloucester GL1 2EL**

From: Name:
Dept.:
Date:

Please specify (by ticking the relevant box) if you would like the payment to be made by cheque or BACS.

- BACS SORT CODE**/...../..... **ACCOUNT No.**
- CHEQUE**

Payee Name:.....

To be sent to:

.....

Amount in words	£	p
..... pounds		
..... pence		

Order No/Description:

.....

Account Code	Cost Centre	Analysis Code	Nett Amount	VAT Amount	COS VAT REC Y/N	BUS VAT REC Y/N	Gross Amount	Code

Certified by - signature	Budget Stamp	Voucher No.	Paid By

PLEASE ENSURE THAT YOU ATTACH ALL SUPPORTING DOCUMENTATION

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