

TRAVEL & EXPENSES CLAIM FORM

Must be submitted monthly and in the financial year to which the claims relate

Name of Trust

THIS FORM SHOULD ONLY BE USED FOR CLAIMS THAT CAN NOT BE SUBMITTED ON THE EASY EXPENSES SYSTEM

All fields in the section 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.

Employee Details

Assignment Number	<input type="text"/>	Pay Frequency	<input type="text"/>
Surname	<input type="text"/>	First Name	<input type="text"/>
Department	<input type="text"/>	Job Title	<input type="text"/>
Home Address	<input type="text"/>		
Post Code	<input type="text"/>	Base	<input type="text"/>

Vehicle Details

Registration Number	<input type="text"/>	Type of Vehicle	<input type="text"/>
Make	<input type="text"/>	Model	<input type="text"/>
CC	<input type="text"/>	Fuel	<input type="text"/>
Insurance Company	<input type="text"/>	Please ensure business use cover is included in the insurance policy	

Claim Summary

Own Vehicle	Number of Miles	Rate per Mile	Amount Due
Full Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Public Transport/Reserve Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passenger Miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Claims - Please attach receipts electronically to form using PDF paperclip tool			
Fares, Fees, Parking, Tolls, Etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subsistence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Expenses - please attach vouchers/receipts electronically	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expenses - please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Claimed	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Details - If you are not a Trust employee please enter your details below

Account Number	<input type="text"/>	Sort Code	<input type="text"/>
Bank Account Name	<input type="text"/>		

I Declare That

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 services of the Trust.

Where a claim for car mileage in my private car has been made (a) Travel by Public transport was not appropriate and (b) The vehicle has a current Road Fund License and is in a roadworthy condition complying with Road Traffic Acts (c) A valid third party insurance policy (including cover against the 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) The 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.

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.

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 Signature Date

For details of how to sign electronically click [here](#)

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 Name Certifying Officer's Signature
Designation Date

BUDGET DETAILS

Account Code Cost Centre

Date & Month	Time*		Journey			Vehicle Mileage				Official Passengers		Fares, Toll, Parking		Subsistence Allowance	
	Leaving	Return	Starting Point	Place Visited & Purpose	Finishing Point	Actual Business Mileage	Payable Business Mileage	Actual P/T Mileage	Payable P/T Mileage	Name	Pass Miles	£	p	£	p
Totals															

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