ALL ORIGINAL TRAVEL CLAIMS MUST BE SUBMITTED BY THE 10TH OF EACH MONTH AND SENT TO THE FOLLOWING ADDRESS BELOW:
ROOM 19-22 PAYROLL SERVICES DEPT,THE PENNINE ACUTE HOSPITALS NHS TRUST,NMGH,DELAUNAYS RD,CRUMPSALL,MANCHESTER M8 5RB

The Pennine Acute Hospitals NHS
NHS Trust

GP trainees ONLY

EXPENSES CLAIM FORM FOR **Regular / Standard / Public User**

FOR THE MONTH ENDING ON:

Claimant's Name: *Please Use* **Home Address :**

Base: *BLOCK* **Post Held:** **Home to base return mileage:**

Make and Model of Car *capitals* **Reg. No:** **CC :** **Assignment No:**

1	2	3	4	5	6	7	8	9	10	11		12		13	
	TRAVELLING EXPENSES CLAIMS			☛						☞1					
Date	NATURE OF OR REASON FOR VISIT	DETAILS OF JOURNEY (STARTING POINT, PLACES VISITED AND FINISHING POINT	ACTUAL MILES TRAVELLED	see note below MILES CLAIMED	PUBLIC TRANSPORT RATES	EXCESS MILES CLAIMED	CALL-OUT MILES CLAIMED	PASSENGER MILES CLAIMED	PASSENGER NAME	OTHER TRAVEL EXPENSES Online entries in £ column only please		TIME SPENT ON OFFICIAL BUSINESS		SUBSISTENCE Online entries in £ column only please	
										£	P	From	To	£	P
		C/FWD Manual													
		C/FWD AutoSum	0.0	0.0	0.0	0.0	0.0	0.0		0.00				0.00	
		For Office Use Only --		M	P	E	MT	N		F				F	

CONTINUE OVERLEAF FOR MORE CLAIMS IF NECESSARY

AUTHORISATION AND SIGNATURES REQUIRED ON NEXT PAGE

☛ **Please ensure that you claim mileage in accordance with the applicable policies for GP Specialty Trainees.**

☞1 **Any other travel expenses must be supported by invoice or receipts**

1	2	3	4	5	6	7	8	9	10	11		12		13	
	TRAVELLING EXPENSES CLAIMS			☛ see note below						OTHER TRAVEL EXPENSES Online entries in £ column only please		TIME SPENT ON OFFICIAL BUSINESS		SUBSISTENCE Online entries in £ column only please	
Date	NATURE OF OR REASON FOR VISIT	DETAILS OF JOURNEY (STARTING POINT, PLACES VISITED AND FINISHING POINT	ACTUAL MILES TRAVELLED	MILES CLAIMED	PUBLIC TRANSPORT RATES	EXCESS MILES CLAIMED	CALL-OUT MILES CLAIMED	PASSENGER MILES CLAIMED	PASSENGER NAME	£	P	From	To	£	P
		C/FWD Manual													
		C/FWD AutoSum	0.0	0.0	0.0	0.0	0.0	0.0		0.00				0.00	
		TOTAL CLAIMED Manual													
I DECLARE THAT		TOTAL CLAIMED AutoSum	0.0	0.0	0.0	0.0	0.0	0.0		0.00				0.00	
		For Office Use Only --		M	P	E	MT	N		F				F	

a) The expenses claimed above were actually and necessarily incurred whilst engaged on the business stated and the subsistence allowances claimed are in respect of periods actually and necessarily away from home and headquarte
b) The traveling expenses and subsistence allowances claimed are in accordance with the terms and conditions of service determined from time to time and have not been claimed from any other sou
c) The vehicle which I have claimed mileage for above was and is insured, whilst on official business, for full third party risk, including injury or death of passengers and damage to prop
d) The vehicle which I have claimed mileage for above is and will be maintained at all times in a roadworthy condition complying with requirements of the Road Traffic Act
e) Should I change my insurance company/and or cover, the minimum insurance requirements as laid down by The Pennine Acute Hospitals NHS Trust will be maintained.
f) My insurance details have changed and I enclose my new policy for verification.
g) I hold a valid Driving License.

Delete above if not applicable.

Signature of Claimant: **Date:**

I CERTIFY THAT:- To the best of my knowledge and belief the claimant was engaged in the business stated on the above dates and the amounts claimed are in accordance with the employees terms and conditions of service.

Signature:

Designation: **Date:**