

AUTHORITY/TRUST NAME :

CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES

CERTIFICATE OF CLAIMANT

I CERTIFY THAT

1. The travelling and subsistence allowances claimed are in accordance with NHS regulations, Whitley Council Agreements or Agenda for Change Terms and Conditions and are in respect of expenses actually incurred whilst engaged on the business stated and have not been claimed elsewhere.
and
2. The motor vehicle in respect of which mileage allowance is claimed is covered by full or third party insurance including cover for the full business use of the Trust and cover against risk or injury to, or death of, official passengers and damage to property .I undertake to indemnify the Authority/Trust in respect of any claim made against me for which my insurance policy does not provide cover
and
3. (i) On the occasions where day allowances are claimed I necessarily spent more on meals than if I had been at my permanent place of work, and
(ii) where an allowance for a period of more than the stipulated time is allowed in Annex N of the Agenda for Change Terms and Conditions of Service Handbook/Whitley Council Agreement
(iii) I have included all receipts relating to my claim for subsistence, and understand if I fail to provide receipts my claim will be subject to Income Tax.

Declaration

4. I confirm that the expenses submitted are a true, accurate record of expenses that I am entitled to claim. I understand that if I knowingly give 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 for this form to and by the Trust and the NHS Counter Fraud and Security Management service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

5. NOTES :

Assignment number and Shift Reference Number(s) MUST BE COMPLETED ON EACH CLAIM

All Receipts for Train, Bus/Parking ect, MUST be attached to claim form.

All claim forms must be forwarded to : NHS Professionals, NHS SBS Southampton, 922 Team Waterside House Town Quay, Southampton SO14 2NH

ANY CLAIM FORM THAT IS NOT FULLY COMPLETED, WILL BE RETURNED TO THE FLEXIBLE WORKER

Flexible Worker :

Signed Date

CERTIFICATE OF HEAD OF DEPARTMENT

I confirm that I have checked the claim and to the best of my knowledge, the individual above is entitled to reimbursement of the amounts stipulated. I understand that if I knowingly give false information, disciplinary action may be taken and I may be liable for prosecution. I confirm the expenses journeys claimed on the form were necessarily incurred by the person above in the performance of their normal duties and that authorisation was given for the use of the vehicle and that the mileage claim is correct. Any claim for travel at a higher rate other than Public Transport Rate is approved as I have verified that the relevant insurance is held

Signed Date

Name: (Please Print)

Title

Initials		Surname
DR :		(IN BLOCK LETTERS)
MR :		
MRS :		
MISS :		

Assignment Number →	
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ADDRESS OF CLAIMANT

DEPARTMENT -

LOCATION -

JOB TITLE -

Vehicle Make & Model	
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Engine Cubic Capacity	
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Registration No.	
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Return journey - Home to Base by the shortest practicable route.	
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Notes
 Each Individual claim form **MUST** be signed and authorised
 All information above must be completed on **ALL** travel claim forms.
 All column totals **MUST** be completed
 Only expenses for travel & subsistence will be paid on this claim form, unless authorised by the Director of Finance.
 Managers **MUST** cross through any blank lines overleaf before authorising the payments.

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Professionals

NAME :				Assignment No :								
Date	Shift Reference	Places visited and Purpose	Overall miles from start of journey to end of journey	MILEAGE CLAIMED	Passengers		Rail and other travel expenses (receipt must be attached)		FOR PAYROLL USE ONLY			
	Number	Please provide full details of journey undertaken, including addresses of starting point, places visited and reason for journey.			Name	Miles	Train, Bus, Ferry, etc Parking Fee	Amount £ p	Shift not Booked	Shift not Processed	Shift Processed	Claim Returned
			TOTALS									

Please ensure all columns are totalled