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|  |  | INVOICE |

* **ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. COMPLETE ALL THE BOXES HIGHLIGHTED IN YELLOW. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON PAYMENT**
* **PLEASE NOTE THAT ALL CLAIM FORMS MUST BE SUBMITTED WITHIN THREE MONTHS OF THE ACTIVITY HAVING TAKEN PLACE**

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| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number |  |
| First Name **IN FULL** |  |  |  | Invoice Date |   |  | / |  |  | / |  |  |
| Middle name **IN FULL** |  |  |  | PO Number |  |
| Surname |  |  |  | FAO |  |
| Address Line 1 |  |  |  |  |  |
| Address Line 2 |  |  |  |  |  |
| Address Line 3 |  |  |  |  |  |
| Town/City |  |  |  |  |  |
| Post Code |  |  |  |  |  |  |  |

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| **Return address****Michele Hannon (GP Trainer Expenses)****Health Education England** **Yorkshire and The Humber****Ground Floor, Block A****Willerby Hill Business Park****Willerby****Hull HU10 6FE**Invoice To: **Health Education England** **YORKSHIRE AND THE HUMBER** **T73 Payables F485**Phoenix HouseTopcliffe LaneTingleyWakefieldWF3 1WE |

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| Bank Account Number | Bank Account Sort Code | account name | Swift code (overseas only) | E-mail address forremittance advice and queries  |
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***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.***

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| **Total Value of the Claim** | **£** |

Please fill in the breakdown of the claim on the following page

**Details of the claim**

|  |  |  |
| --- | --- | --- |
| Travel Expenses  |  |  |
| Start Location: | Finish Location: |
| Public Transport  | Mode of transport: ***(Receipts must be attached)*** | **£** |
| **Private Transport** | Total Number of Miles:\_\_\_\_\_\_\_\_\_\_\_\_\_@ 24p per mile***(Mileage will be reimbursed at AA quickest route)*** | **£** |
| *Passengers* ***(Reimbursed at 5p per mile per passenger)*** | Name(s) of passenger(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total miles travelled with passenger \_\_\_\_\_\_\_\_\_\_\_***(Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by Health Education England Yorkshire and The Humber)*** | **£** |
| Subsistence  | *Accommodation Expenditure**( Receipted expenditure to a maximum of £55 per night)*  | **£** |
| *Meal Expenditure* *(Receipted expenditure to a maximum £20 per 24 hours)* | **£** |
| Other Expenses | *Please specify below:* | **£** |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)** **Where there is no receipt a full written explanation must be attached****Please read the guidance notes you obtained along with this claim form very carefully.** **Health Education England Yorkshire and The Humber reserves the right to reimburse the cheapest option wherever relevant.**  |
| EVENT/ACTIVITY |  |
| LOCATION |  |
| DATE(S) | From:  | To:  |
| **Resource Fee / Backfill / Course Fee** |  |  |
| Resource Fee /Backfill Payment/Course Fee |  | £ |
| **Claimant Declaration:** I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that, if any fees are paid gross, that I am responsible, where appropriate, for declaring this income for tax purposes. For educators employed by HEE we will endeavour to pay via payroll.If I am a training programme director I declare that the fees/expenses claimed are for duties which are outside my expected duties as a training programme director.  |
| **Name:** | **Signed:** | **Date:** |

**Please returned this form to the appropriate HEE Y&H office for authorisation**

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| ***TO BE COMPLETED BY HEYH STAFF ONLY:*****Certification of Attendance:**I have checked this claim and am satisfied that the claimant attended the event according to the information given. |
| **Name:** |  **Signed:** | **Date:** |
| **Certification of Expenses:**This claim form has been checked and certified in accordance with HEE Y&H Travel and Subsistence Guidelines. Any adjustments made to this claim, in line with these guidelines, have been communicated to and approved by the claimant.Approval of such changes is attached and submitted with this document.  |
| **Name:** | **Signed:** | **Date:** |
| **Position:** | **Contact Number:** |  |