Claim for Expenses

ALL relevant boxes MUST be completed.

Doncaster and Bassetlaw Hospitals **MHS**NHS Foundation Trust

	COMPLETED BY:		Print name (in caps):
	POSTED BY:	n overleat:	engaged on the duty stated on the date(s)
			Print name (in caps):
	CONTROL TOTAL:		Signature of Claimant: Date:
	General Expenses	spent at my base.	Subsistence Claims: I certify that I have spent more on meals than I would have spent at my base.
	Books	TY TOK IAA KELIET	ARE SHOWN SEPARATELY).
nses	Course Travel Expenses	cy cop TAY belief	starting my emergency call-out journeys and I accepted full responsibility for those aspects appropriate
	Course Fees	y was given before	Except where indicated I certify that advice on the handling of the emergency was given before
	Incidental Expenses	nage to property,	including cover against risk of injury to or death of passengers and damage to property,
	Subsistence	wance is claimed d-party insurance,	insurance policy in respect of the motor vehicle for which mileage allowance is claimed provides cover, while the car is used on official business, for full third-party insurance,
	Postages	st certify that the	Circular HM (54) 26 provides that claimants for mileage allowances must certify that the
	Telephones		Insurance of private motor vehicles: The above car is insured in accordance with HM Circular (54) 26
	Rail/Bus/Taxis		gross misconduct and will result in summary dismissal.
	Car parking	will be regarded as	my Trust appointment and is in accordance with the regulations. I declare that the information given
£ p	Sundry Expenses:	in connection with	Declaration by Employee: I declare that this claim relates to expenses actually and necessarily incurred in connection with
		Date:	Month of:
	Passengers 3		cc. of car:
	Passengers 2	Diesel	Registration No.:
	Passengers 1	Petrol	Job title:
Cess	Public transport excess		Base:
	Public transport		Dept
	Official on-call		Wonthly paid
	Official miles		Mockly
Total	Posting:	Code:	
		Pay Date:	Address:
		Dates from/to:	National Insurance No.:
For Finance Department use:	For Finance		Assignment No.:

Date Journey Details or Expenses Claimed Total Miles in each column Study or Duty **Details of Expenses Claimed** Home to First/Last Place of Call (miles) Official Miles Study Miles On-call Miles Public Transport Miles Staff Passenger Miles Name & Assignment Number Bus/ Rail/ Taxis (f) Subsistence (£) Fees and Other Expenses (£)