

SAS Fund & Travel Expense Form

Please note all claims will be processed in strict accordance with the SAS expenses PRE APPROVAL. It is the responsibility of the claimant to ensure that claims are received by the Academy within stated deadlines, complete with all the needed signatures and documentation.

Claimant:	Grade:	Speciality:
Course/CME :		
Venue:	Date To:	From:

Course Fee	£	p
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TRAVEL		
TO:		
FROM:		
Total Mileage:	_____ Miles	
	@ <u>24p</u> Per Mile	
	= _____	
NO of Passengers: (GWH employee only/not including driver)	_____ Miles	
	@ <u>5p</u> Per Mile	
	= _____	
RAIL	£	P
AIR	£	P
COACH	£	P
OTHER/Miscellaneous: (Please specify - E.g. Taxi, Underground, car park etc..) _____	£	P

Accommodation	£	P
Subsistence	£	P

OFFICE USE ONLY

COST CODE: J66392

SUBJECTIVE CODE	£	P
TOTAL CLAIM		

I CERTIFY THAT:

- The expenses claimed are in accordance with Whitley Council Regulations are incurred on official visits to places stated on those dates and the expenses claimed have not been claimed elsewhere.
- Travel by public service transport was not appropriate for the particular journeys claimed.
- The subsistence allowances are claimed because of additional expenditure on meals have been necessarily incurred over and above the amount normally spent at my permanent station and for the allowance for over eight hours expenditure was necessarily incurred on additional meal.
- The insurance policy for the vehicle(s) used provides cover whilst the vehicle was used on official business and the policy was in force and covered all the journeys claimed.
- All expenses, including public transport fares, taxis, and car parking are covered by the attached receipts.

DATE:..... **NAME:** **SIGNATURE:**

PLEASE ENSURE THIS FORM IS SUBMITTED WITHIN **THREE** MONTHS OF LEAVE BEING TAKEN.
Other than in exceptional circumstances, the Trust will not pay claims more than three months after the month of the claim

DATE: **SIGNATURE:**.....(SAS TUTOR)