|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claimant: | |  | | Grade: |  | Speciality: | |  |
| Course Title: | | |  | | | | | |
| Venue:  **Please note all claims will be processed in strict accordance with the Trust Expenses Policy (available on the intranet).** |  | | | Dates: |  | | To |  |

****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **£** | **p** | OFFICIAL USE ONLY  **CENTRE CODE**………………… | | |
|  | |  |  | COST CODE | **£** | **p** |
| COURSE FEES | |  |  |  |  |  |
|  | |  |  |  |  |  |
| **TRAVEL** | |  | |  |  |  |
| **FROM** |  |  |  |  |
| TO |  |  |  |  |
| CAR | Model:  CC:  Registration: |  |  |  |
| TOTALCLAIM |  |  |
| **TOTAL**  **MILEAGE** | ………………… miles  @ ………….p / mile |  |  |  | | |
| **NUMBER OF**  **PASSENGERS** | ………………………….  @ …………… p / person |  |  |
| **RAIL** |  |  |  |
| **AIR** | |  |  |
| **COACH** | |  |  |
| **OTHER**  (Please specify)  E.g. Taxi, Underground, Car park | |  |  |  |
|  | |  |  |
| **ACCOMMODATION** | |  |  |
|  | |  |  |
| **SUBSISTENCE** | |  |  |
|  | |  |  |

***Senior Staff Study Leave &***

***Travel Expense Claim Form***

PLEASE ENSURE THIS FORM IS SUBMITTED WITHIN THREE MONTHS OF THE 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: ……………………………………………….. (MEDICAL EDUCATION MANAGER)

I CERTIFY THAT:

1. The expenses claimed are in accordance with the Whitley Council Regulations and were incurred on official visits to the places stated on those dates and the expenses claimed have not been claimed elsewhere.
2. Travel by public service transport was not appropriate for the particular journeys claimed.
3. The subsistence allowances are claimed because 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 an additional meal.
4. 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.
5. All expenses, including public transport fares, taxis and car parking are covered by the attached receipts.

DATE: **…………………….**  NAME: **……………………………………………………………**.

SIGNATURE: **…………………………………………………………………………………….** (Claimant)

**Please obtain your Head of Department’s signature below *before* submitting this claim.**

I confirm that the expenses claimed were incurred by the above named doctor on attending officially approved study courses as detailed on the approval form.

DATE: ……………………. NAME:…………………………………………………………...

SIGNATURE: **…………………………………………………………………………………..** (Head of Department)