Gloucestershire Finance Shared Service TRAVEL & EXPENSES CLAIM (Must be submitted monthly and in the financial year to which the claims relates)

N.B. All fields in the sections below MUST be completed on EVERY claim form. Failure to do no move result in the

PAY NO/ASSIGNMENT NO: From your pay advice) FURNAME : FOME ADDRESS:	INITIALS: INT: TYPE OF VEHICLE:	EKLY OR MONTHLY:	Ξ:	
WEHICLE DETAILS: EGISTRATION NO.	INITIALS: INT: TYPE OF VEHICLE:	TITLE	Ξ:	
ASE: DEPARTME VEHICLE DETAILS: EGISTRATION NO.	TYPE OF VEHICLE	MONTH OF CLAIM :		
ASE: DEPARTME VEHICLE DETAILS: EGISTRATION NO.	TYPE OF VEHICLE	MONTH OF CLAIM:		
ASE: DEPARTME VEHICLE DETAILS: EGISTRATION NO.	TYPE OF VEHICLE			
EGISTRATION NO.	TYPE OF VEHICLE			
EGISTRATION NO.	TYPE OF VEHICLE:			
AKE/MODEL & C.C. OF VEHICLE		*Own Carl*Lease Carl*Motor Cycl	lo#Disuale	
		Own our Loade Can Motor Cycl	er bicycle	
ETROL OR DIESEL:	INSURANCE COMPA	NY:		
CLAIM SUMMARY:				
OR LEASE CARS ONLY: MILEOMETER READING	. AC AT LACT OLAMA			
OR LEASE CARS ONLY: MILEOMETER READING	AS AT THIS CLAIM:			
	AO AT THIS CLAIM.			
	TOTAL BUSINESS: TOTAL PRIVATE:			
			£	р
EASE VEHICLE:	PAYABLE MILES @	PER MILE		
JMP SUM ALLOWANCE (Regular Use Only)				
WN VEHICLE: Full Rate	PAYABLE MILES @	PER MILE		
Public Transport Rate	PAYABLE MILES @	The second secon		
Total Passenger Miles	PAYABLE MILES @	PER MILE		
EASE <u>STAPLE</u> RECEIPTS TO CLAIM FOR THE F	OLLOWING:			
RES, FEES, TOLLS ETC		_		
JBSISTENCE		_		
OSTAGE		_		
HER TRAVEL EXPENSES				
EASE ATTACH VOUCHERS / RECEIPTS		TOTAL CLAIMED £		
DECLARE THAT:				
The travel expenses and/or subsistence allowances claimed are in accordar and solely incurred whilst engaged in the service of the Trust.				
Where a claim for car mileage in my private vehicle has been made (a) Tradworthy condition complying with Road Traffic Acts (c) A valid third party the vehicle was held for the period of the claim (d) A policy will continue to be my insurance company that I am fully insured for Business use.	Fravel by Public Transport was not appropriate r insurance policy (including cover against risk or e maintained while the car is used by me and will	e and (b) The vehicle has a current f injury or death of passengers and da cover the use of the car on official bu	Road Fund Licen amage to property siness (e) I have	ce and is in in respect confirmed wi
Where a claim for day subsistence has been made I CERTIFY THAT it was hours is claimed two meals were in fact necessarily taken while away from h	necessary to spend more on meals than when I	am at my regular place of employmer	nt and that if the r	ate for over
I declare that the information I have given on this form is correct and complet if I knowingly provide false information this may result in disciplinary action a form to and by the Trust and NHS Counter Fraud and Security Managemen	te and that I have not claimed elsewhere for the j	ourneys and expenses detailed on thi very proceedings. I consent to the dis claim and the investigation, preventing	s travel claim. I u	nderstand the
fraud. imant's Signature				
rtify to the best of my knowledge and belief the claimant was engaged on the s s approved by the Trust.				
tifying Officer's Signature	Designation	Contac	t No	
tifying Officer's Name in Capitals				

Please refer to guidance notes when claiming vehicle mileage.