

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 so may result in the claim form being returned, and a delay in your claim being paid.

PLEASE COMPLETE IN RED IF THERE ARE ANY CHANGES TO YOUR PERSONAL OR VEHICLE DETAILS BELOW.

| | | |
|---|-------------------------------|------------------------|
| NAME OF TRUST: GLOUCESTERSHIRE HOSPITALS FOUNDATION TRUST | | |
| PAY NO/ASSIGNMENT NO: _____ <small>(From your pay advice)</small> | PAID WEEKLY OR MONTHLY: _____ | |
| SURNAME : _____ | INITIALS: _____ | TITLE: _____ |
| HOME ADDRESS: _____ | | |
| | | MONTH OF CLAIM : _____ |
| BASE: _____ | DEPARTMENT: _____ | JOB TITLE: _____ |

| | | |
|-------------------------------------|--------------------------|--|
| VEHICLE DETAILS: | | |
| REGISTRATION NO. _____ | TYPE OF VEHICLE: _____ | <small>*Own Car/*Lease Car/*Motor Cycle/*Bicycle</small> |
| MAKE/MODEL & C.C. OF VEHICLE: _____ | | |
| PETROL OR DIESEL: _____ | INSURANCE COMPANY: _____ | |

| | | |
|---|-------------------------|--------------------------|
| CLAIM SUMMARY: | | |
| FOR LEASE CARS ONLY: MILEOMETER READING | AS AT LAST CLAIM: _____ | |
| | AS AT THIS CLAIM: _____ | |
| | TOTAL BUSINESS: _____ | |
| | TOTAL PRIVATE: _____ | |
| | | £ p |
| LEASE VEHICLE: _____ | PAYABLE MILES @ _____ | PER MILE _____ |
| LUMP SUM ALLOWANCE (Regular Use Only) _____ | | |
| OWN VEHICLE: Full Rate _____ | PAYABLE MILES @ _____ | PER MILE _____ |
| Public Transport Rate _____ | PAYABLE MILES @ _____ | PER MILE _____ |
| Total Passenger Miles _____ | PAYABLE MILES @ _____ | PER MILE _____ |
| PLEASE <u>STAPLE</u> RECEIPTS TO CLAIM FOR THE FOLLOWING: | | |
| FARES, FEES, TOLLS ETC | | _____ |
| SUBSISTENCE | | _____ |
| POSTAGE | | _____ |
| OTHER TRAVEL EXPENSES | | _____ |
| PLEASE ATTACH VOUCHERS / RECEIPTS | TOTAL CLAIMED £ | _____ |

| | | |
|---|-------------------|-------------------|
| I DECLARE THAT: | | |
| <p>(i) The travel expenses and/or subsistence allowances claimed are in accordance with the provisions of the Trust's Terms and Conditions of employment and are in respect of expenses necessarily and solely incurred whilst engaged in the service of the Trust.</p> <p>(ii) Where a claim for car mileage in my private vehicle has been made (a) Travel by Public Transport was not appropriate and (b) The vehicle has a current Road Fund Licence and is in a roadworthy condition complying with Road Traffic Acts (c) A valid third party insurance policy (including cover against risk of injury or death of passengers and damage to property) in respect of the vehicle was held for the period of the claim (d) A policy will continue to be maintained while the car is used by me and will cover the use of the car on official business (e) I have confirmed with my insurance company that I am fully insured for Business use.</p> <p>(iii) Where a claim for day subsistence has been made I CERTIFY THAT it was necessary to spend more on meals than when I am at my regular place of employment and that if the rate for over 10 hours is claimed two meals were in fact necessarily taken while away from home or base.</p> <p>(iv) I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the journeys and expenses detailed on this travel claim. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Counter Fraud and Security Management Service for the purpose and verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p> | | |
| Claimant's Signature _____ | Date _____ | |
| I certify to the best of my knowledge and belief the claimant was engaged on the service or business stated on the date(s) shown overleaf and that the amounts claimed are in accordance with the rules approved by the Trust. | | |
| Certifying Officer's Signature _____ | Designation _____ | Contact No. _____ |
| Certifying Officer's Name in Capitals _____ | Date _____ | |

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Cost Code (If Change Required Only)

