This covers travel from the doctor's base hospital to another site. The person approving will be the administrator or specialty lead in the division. This is either sent by email to:

<u>esh-tr.staffexpenses@nhs.net</u>

or sent to payroll at St Annes House, Conquest Hospital.

East Sussex Healthcare	NHS
NHS Trust	

TRAVELLING EXPENSES CLAIM

BASE HOSPITAL/UNIT	MAKE OF CAR USED		NAME (BLOCK CAPITALS)
	ENGINE CAPACITY		
DEPARTMENT	C.CS	 	ADDRESS
	DISTANCE FROM HOME TO HQ	Miles (Return)	

			STAFF NO					***************************************							
DATE			STATE NATURE OF TRAVEL		CAR MILEAGE					HER HOD					
Dille	JOURNEY		(INCLUDING NAME OF PASSENGERS) BUSINESS/TRAINING COURSE/CONFERENCE/WORK SHOP	No of Pass	1 1			Claimed	Fares: Bus, Train, etc.				Amount		
	From To								£	р	From	То	£	р	
			BROUGHT FORWARD FROM OVERLEAF												
			TOTALS												
CERTIF	ICATION		CLAIMANT'S DECLARATION	SUMMARY OF AMOUN			IOUNTS PA	ITS PAYABLE NOTES					ΞS		
I CERTIFY THAT To the best of my knowledge the claimant was engaged in the business stated and the costs arising are accepted as a charge to my Budget. Signed(Certifying Officer) Name in Capitals			expenses actually and necessarily incurred whilst engaged on the stated. (b) The insurance policy in respect of my motor car, Registered No provides cover, while the car is used on official business, for full insurance, including cover against risk or injury to or death of pa and damage to property, and that the policy is now in force and c journeys claimed. (c) The information I have given on this form is correct and complet understand that if I knowingly provide false information this may disciplinary action and I may be liable for prosecution and civil in proceedings. I consent to the disclosure of information from this to and by the Trust and the NHS Counter Fraud and Security Ma	The travelling subsistence and other allowances claimed are in respect of expenses actually and necessarily incurred whilst engaged on the business stated. The insurance policy in respect of my motor car, Registered No provides cover, while the car is used on official business, for full third-party insurance, including cover against risk or injury to or death of passengers and damage to property, and that the policy is now in force and covers the journeys claimed. The information I have given on this form is correct and complete .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 claim form to and by the Trust and the NHS Counter Fraud and Security Management			mile	£ p	overni; wherev Expenseregular the jou	ght stay in ver possiful se claims r claimar irneys we FOR US	must be supple. s should be sts, and not rere made or one in Finance in Fina	meals on trains ported by vouc ubmitted mont more than 3 mc costs incurred. NCE DEPART	hers hly by onths afto	er	
Date			Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. Date		TOTAL	s atp a	mile								

THIS SIDE SHOULD ONLY BE USED WHEN SPACE PROVIDED ON FRONT OF CLAIM IS INSUFFICIENT FOR ALL JOURNEYS

NAME.....

DATE	JOURNEY		STATE NATURE OF TRAVEL			CAR MILEAG	GE		OTI MET	HER HOD	S	SUBSISTENC	E	
			(INCLUDING NAME OF PASSENGERS) BUSINESS/TRAINING COURSE/CONFERENCE/WORK SHOP	No of Rate		Actually	Notional	Claimed	<u>Fares</u> : Bus, Train, etc.		Time absent from HQ		Amount	
	From	То	BUSINESS/TRAINING COURSE/CONTERENCE/WORK SHOT	1 455					£	p p	From	To	£	р
														1
														\vdash
			Carried forward to front of Claim											