

BUSINESS TRAVEL AND EXPENSES CLAIM FORM COVER SHEET

Please Complete in **BLOCK CAPITALS** (Note: Claim Forms must be received by the Travel Claims Department **within 3 months** of the expense being incurred. Late claims will not be processed).

Your Personal Details: (All fields in this box are mandatory. Please refer to the guidance document if you are unsure how to complete any aspect of this form).

FULL NAME OF CLAIMANT: <small>(DR, MR, MRS, MISS, MISS)</small>		EMPLOYEE NUMBER:	
Post Held:	or Candidate For Post of:		
Home Address:	Authorised Base:		
Employing Trust: (Please put an X in one box only).			
East Kent Hospital NHS Trust		Canterbury & Coast PCT	
East Kent NHS & Social Care Partnership Trust		East Kent Coastal PCT	
Ashford PCT		Shepway PCT	
Payroll Type: (Please put an X in one box only).			
Monthly	Weekly	Volunteer	NHSP
Other (Please specify):			
Car & Mileage Details: (To be completed if claiming mileage. A separate claim form must be used for each vehicle).			
Make & Model of Car		Lease Car (Yes/No)	
Engine c.c. of vehicle		On-call (Yes/No)	
Registration No of vehicle		Mileage Home to Base (return)	
Claim Summary: To be completed, as applicable. Receipts must be attached, as applicable.			
Claim start date (dd/mm/yy):		Claim end date (dd/mm/yy):	
Total miles claimed:		Total expenses claimed	

TO BE SIGNED BY THE CLAIMANT

I declare that:

- 1) The expenses and allowances claimed are in accordance with existing regulations, and are in respect of expenses actually and necessarily incurred whilst on the business stated.
- 2) The insurance policy in respect of the motor vehicle used on the above journeys, provides cover while the vehicle is used on official business, for full third party insurance, including cover against risk of injury to or death of passengers, and damage to property, and that the policy was in force when the above journeys were made.

Signed: _____ **Date (dd/mm/yy):** _____
 (The form must be printed and signed)

TO BE CERTIFIED BY AUTHORISED MANAGER/BUDGET HOLDER

I certify that, to the best of my knowledge and belief, the claimant was engaged on the service or business stated on the date(s) shown, and the amounts claimed are in accordance with existing regulations, and where overnight subsistence is claimed, my prior approval for absence was granted.

Signed: _____ **Print Name:** _____ **Date:** _____
 (dd/mm/yy)

BUDGET CODE: _____ *If applicable*

For Finance Consortium Use Only

For Finance Consortium Use Only					Date Received in Payroll
Claim Number		Miles Full Rate		Miles PT	
Miles Passenger		Miles with Tools		Subsistence	
Fares		Miscellaneous			

Please Note: Any claim that is incomplete will be returned and payment will be delayed

Business Travel and Expenses Claim Form Detail (Must be accompanied by the Cover Sheet)

Name: 0

Staff No 000000

Journey Details (each stage to be shown separately, include names of passengers with designations)				Mileage <small>* PT = Public Transport S = Standard R = Regular L = Lease</small>					Other Expenses	
Date of Journey (dd/mm/yy)	Purpose of Journey	From	To	Rate*	Actual Mileage	Claimed Mileage	Passenger Mileage	Tools Mileage	Details	£/p
Total Mileage Claimed:					0.0	0.0	0.0	0.0	Total Claim	£0.00

Business Travel and Expenses Claim Form Detail (Must be accompanied by the Cover Sheet)

Name: 0

Staff No 000000

Journey Details (each stage to be shown separately, include names of passengers with designations)				Mileage <small>* PT = Public Transport S = Standard R = Regular L = Lease</small>					Other Expenses	
Date of Journey (dd/mm/yy)	Purpose of Journey	From	To	Rate*	Actual Mileage	Claimed Mileage	Passenger Mileage	Tools Mileage	Details	£/p
	C/F from sheet 1				0.0	0.0	0.0	0.0		£0.00
Total Mileage Claimed:					0.0	0.0	0.0	0.0	Total Claim	£0.00

Business Travel and Expenses Claim Form Detail (Must be accompanied by the Cover Sheet)

Name: 0

Staff No 000000

Journey Details (each stage to be shown separately, include names of passengers with designations)				Mileage <small>* PT = Public Transport S = Standard R = Regular L = Lease</small>					Other Expenses	
Date of Journey (dd/mm/yy)	Purpose of Journey	From	To	Rate*	Actual Mileage	Claimed Mileage	Passenger Mileage	Tools Mileage	Details	£/p
	C/F from sheet 2				0.0	0.0	0.0	0.0		£0.00
Total Mileage Claimed:					0.0	0.0	0.0	0.0	Total Claim	£0.00

Business Travel and Expenses Claim Form Detail (Must be accompanied by the Cover Sheet)

Name: 0

Staff No 000000

Journey Details (each stage to be shown separately, include names of passengers with designations)				Mileage <small>* PT = Public Transport S = Standard R = Regular L = Lease</small>					Other Expenses	
Date of Journey (dd/mm/yy)	Purpose of Journey	From	To	Rate*	Actual Mileage	Claimed Mileage	Passenger Mileage	Tools Mileage	Details	£/p
	C/F from sheet 3				0.0	0.0	0.0	0.0		£0.00
Total Mileage Claimed:					0.0	0.0	0.0	0.0	Total Claim	£0.00

Expenses Claim Form Guidance Notes

A) Completing the Cover Sheet

Field/Title	Description
Full Name of Claimant:	Full forename, surname and title are required.
Employee Number:	This is printed at the top of your payslip.
Post Held / Candidate for Post of:	The Title of the Post you Hold or/ ONLY to be completed when claiming Interview Expenses.
Home Address:	Full postal address, including Postcode.
Authorised Base:	Designated Hospital/Unit from where you work.
Employing Trust:	e.g East Kent Hospitals, Ashford PCT etc.
Payroll Type:	Are you paid weekly, monthly or are you volunteer etc?
Make & Model of Car:	Details of car used.
Engine cc:	e.g 1500cc.
Registration No of Car:	Your car registration number.
Home to Base Mileage (return):	Distance between Home & Authorised Base (Return).
Claim Summary:	Enter the period for which you are claiming expenses and the totals for all types of miles claimed and expenses claimed. This must equate to the totals on the second page of the form.
Lease Car/On Call:	Delete as appropriate.
Declaration by Claimant:	To be signed and dated (after last journey).
Authorisation:	Your form must be signed by your Manager/Budget Holder or their nominated authorised representative for certification. Their name must also be printed.
Budget Code:	To be completed by Manager/budget holder, if applicable. A budget code need only be provided if the expenses are not to be allocated against your department. If this is the case, then the relevant budget holder will need to authorise them.

B) Business Travel & Expenses Claim Sheet

Field/Title	Description
Date of Journey:	Date of Journey undertaken.
Purpose of Journey:	Meeting/Course (incl. Name of Course)/Receiving or Giving Training/On-Call/Cover/Interview/Clinic/Home Visits, including Number of visits (Comm.Midwives, District Nurses, Health Visitors) – (It is not acceptable to state 'business or work').
Journey Details:	FULL details of journey, Where did the journey start and finish.
Rate:	Mileage rate being claimed – e.g. Public Transport [PT], Standard[S], or Regular [R]. If necessary, refer to the Policy and Procedure for full details of the different rates.
Actual Mileage:	Complete 'Actually Travelled' column with the mileage you've travelled.
Claimed Mileage:	State the claimed mileage, this may differ from actual mileage, see policy for details.
Passenger Mileage	Number of passenger miles claimed & the Name & Designation of the passenger noted alongside.
Tools Mileage:	Should you qualify for payments because you are required to transport tools, then add applicable miles to this column.
Other Expenses:	Details: e.g. fares, car parking fees, toll charges (all of which MUST be alongside the journey made. RECEIPTS FOR 'OTHER EXPENSES' MUST BE ATTACHED. On NO account should this column be used for calculating the cash value of mileage allowance due.

C) Excess Travel & Expenses Claim Sheet

Field/Title	Description
Date of Journey:	Date of Journey undertaken.
Journey Details:	FULL details of journey. Where did the journey start and finish?
Actual Mileage:	Complete 'Actually Travelled' column with the mileage you've travelled.
Claimed Mileage:	This is the mileage allowed as per your Authorisation Form (PR/ETA).
Passenger Mileage:	Number of passenger miles claimed & the Name & Designation of the passenger noted alongside.
Fares:	Details of train and bus fares to be claimed. RECEIPTS MUST BE ATTACHED.

D) General Notes

Monetary amounts due for mileage will be calculated by the Expenses Department and should not be written on the form.

Receipts should be stapled to the back of the forms, or in the case of excessive bulk, sealed in an envelope with the claimant's name and number written on the envelope.

When completing the form on your computer you should print all of the completed forms, staple them together and sign the cover sheet before passing to your line manager for authorisation.

E) Printing

Please only print off the pages used. For example, if you are only claiming for a small number of journeys and have only used space in worksheet 'Business Travel 1', then there is no need to print 'Business Travel 2, 3 or 4'.