

**East Midlands Healthcare Workforce Deanery** 

## TRAVEL EXPENSES CLAIM FORM – GP SPECIALTY TRAINEES

| PERSONAL DETAILS:  |   |  |  |  |  |
|--|---|--|--|--|--|
| Name: Dr   |   |  |  |  |  |
| Home Address:  |   |  |  |  |  |
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| Post Code:   |   |  |  |  |  |
| OAR RETAIL O / BIOTANOEO   |   |  |  |  |  |
| CAR DETAILS / DISTANCES:   |   |  |  |  |  |
| Make/Model of Car:   |   |  |  |  |  |
| Engine Size:   |   |  |  |  |  |
| Registration Number:   | Hama ta annum atauta  |  |  |  |  |
| Home to hospital single  | Home to surgery single  |  |  |  |  |
| base mileage: return   | mileage: return   |  |  |  |  |
| I have read the GP Registrar Directions (2003) with 2007 Amendments. Considering this I believe that I will be entitled to claim at Standard User / Regular User rate (please delete as applicable). |   |  |  |  |  |
| will be critically claim at claiman cool / Hegular   | osor rate (picase delete as applicable).  |  |  |  |  |
| Please note this will be monitored and altered in accordance with the Directions should the trainee not  |   |  |  |  |  |
| meet the eligibility criteria associated with the rate of mileage.   |   |  |  |  |  |
|  |   |  |  |  |  |
| PRACTICE DETAILS:  |   |  |  |  |  |
| Trainer Name: Dr   |   |  |  |  |  |
| Practice Manager:  |   |  |  |  |  |
| Practice Address:  |   |  |  |  |  |
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| Date in post from: To:   |   |  |  |  |  |
| DEGLARATION  |   |  |  |  |  |
| DECLARATION:   |   |  |  |  |  |
| I declare that: a) The traveling expenses and allowances   | alaimand ava in accordance with the CD  |  |  |  |  |
| The traveling expenses and allowances claimed are in accordance with the GP  |   |  |  |  |  |
|  | Registrar Directions (2003) with 2007 Amendments and East Midlands Healthcare Workforce Deanery policies and are in connection with official visits to the places |  |  |  |  |
| ,  | connection with official visits to the places   |  |  |  |  |
| indicated on the date(s) shown.  |   |  |  |  |  |
|  | Where a claim for mileage is made:  |  |  |  |  |
| (i) Travel by a Public Service vehicle was not appropriate   |   |  |  |  |  |
| (ii) The vehicle has a current Road Fund License and is in a road-worthy condition   |   |  |  |  |  |
| complying with Road Traffic Acts.  |   |  |  |  |  |
| (iii) An insurance policy will continue to be maintained while the car is used by me and   |   |  |  |  |  |
| will cover the use of the car on official b  |   |  |  |  |  |
|  | e by me on any public body for expenses or  |  |  |  |  |
| allowances in connection with the business stated.   |   |  |  |  |  |
| Signed (Claimant)  | Date:   |  |  |  |  |

| Travelling Home to Work The Patient Home Visits Section      |   |  |                   |  |
|--|---|--|-------------------|--|
| Date   | Reason for journey/claim - excess miles return - home to hospital base and return | Starting point, all places visited and end point (patient home visits) | Total No of miles | Amount<br>claimed (to be<br>completed by<br>PCT) |
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|  |   | Totals   |                   |  |
|  |   | <u>-</u>   |                   |  |
| All claims are accurate and true to the best of my knowledge |   |  |                   |  |
| Signed (GP Trainer/Practice Manager)                         |   |  |                   |  |
| Signed (GPS  | StR)  | Print name (GPStR)   | Date: .           |  |