SENIOR STAFF STUDY LEAVE - EXPENSES CLAIM FORM

Full Name: Dr | **Assignment/Payroll No.**

Staff Grade: Consultant | **Course Title:**

Date of Course: [ ] to [ ] **Number of Days:** [ ]

Service Line: | **Base:** Derriford

Home Address:

Date Received:

Expenses Claimed	Amount Claimed	Amount Authorised (OFFICE USE)	I DECLARE THAT:
Course Fees	£	£	a) I attended the approved activity for which these expenses are claimed OR I was unable to attend due to circumstances ouside of my control and I was unable to get refunds on the amounts entered.
Include a Meal Yes [ ] No [ ]			
Include Accommodation Yes [ ] No [ ]			
Rail Fare	£	£	b) The expenses claimed on this form relate to an approved study leave application for the dates above.
London Underground	£	£	
Flights: UK [ ] Overseas [ ]	£	£	c) Where a claim for the mileage allowance is made:
Taxi Fare / Shuttle Service / Parking etc	£	£	i) A valid third party insurance policy (including cover against risk of injury to, or death of passengers, and damage to property while the car is used for business purposes) in respect of the vehicle recorded on page 2 of this document, was held for the period of the claim.
Number of receipts attached:			
Mileage @ 28p per mile (Mileage: 0)	£	£	
Passenger @ 2p pm Yes [ ] No [ ]			
Subsistence – Accommodation	£	£	ii) The policy for said vehicle will continue to be maintained while used by me on official duties for Plymouth Hospitals NHS Trust and will cover business use.
Number of Nights: [ ]			
Other Subsistence(Staying at relatives/friends)	£	£	d) The expenses claimed by me on this form, have not as will not be claimed or accepted by me from other persons or organisations.
Number of Nights: [ ] @ £25 per night			
Subsistence – Meals	£	£	
Number of receipts attached:			
TOTAL	£ 0.00	£ 0.00	e) I declare that the information I have given is correct and complete. I understand that if I knowingly provide false information that this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings.

By sending this form electronically by email, or by posting a signed hard copy to the Study Leave Administrator, I acknowledge that I have read and complied with the declarations on this form.

Applicants Signature: [ ]   *Date:* [ ]

BUDGET CENTRE & LINE NO: 120352/7300/12038

Checked/amended by SSSL Administrator [ ] Date : [ ]

AUTHORISED: PGMC Manager [ ] Date : [ ]

NB. Receipts must be attached to the back of this document in hard copy or scanned and emailed with the electronic version. There must be a receipt for each amount claimed where applicable.

I certify that to the best of my knowledge and belief the claimant was engaged on the business as stated above and shown overleaf and that , where full mileage is claimed, travel by public transport was not appropriate.

🔴 CLICK THIS BUTTON TO SEND THIS FORM ELECTRONICALLY TO THE STUDY LEAVE ADMINISTRATOR

🔵 CLICK THIS BUTTON TO PRINT THIS FORM READY FOR MAILING TO THE PGMC

Annotations (instructions):

Open this document on your computer first and fill out all the details on both pages before printing or sending the document by email. Use the 'save as' function to save a copy to your computer. Click on the red button to send form electronically, remembering to also attach scans of your receipts to the same email. Click on the blue button to print out your completed form if you wish to send us a hard copy. Sign the form, attach receipts and send to the address on Page 2. If you fold the document in half with Page 2 facing out, the address with show in a Trust supplied A5 window envelope.

Fill out all these details completely, especially name and payroll number. Course dates and number of days must match your original SSSL Application.

Enter all amounts in pounds and pence (no other currency) using only this column. Amounts typed in will automatically accumulate in the 'TOTAL' box.

Tick this box if the course/meeting fees include the cost of meals.

Tick this box if the course/meeting fees include the cost of accommodation.

Enter the total rail fares and provide tickets or receipts that show the journey dates, destination and the type of ticket.

Receipts can be printed off if you open up an Oyster Account on-line.

Tick the relevant box. Total overseas travel will only be paid up to a maximum of £250.00. This includes rail, buses, taxis etc.

Enter the number of receipts and total cost that relate to taxis/shuttle service (bus)/parking including tolls.

Total mileage will show in this box if you have typed the mileage breakdown on page 2. Tick the 'Yes' box if you are carrying passengers to the same course from this Trust, then enter the passenger details on page 2.

Enter the number of nights of accommodation and total cost if accommodation is not included in course fees. Maximum allowance per day is £170 in London and £140 outside of London, *including* up to £25 for meals. Receipt must show the number of days accommodation.

Enter the number of nights of accommodation and cost at £25 per night if staying with relatives/friends.

Enter the number of food/meal receipts and total cost.

Sign and date before sending to the PGMC or click box and date before sending by email

DO NOT ENTER ANY DATA IN THE GREYED OUT BOXES. PGMC USE ONLY

VEHICLE DETAILS (ONLY IF CLAIMING MILEAGE)

Type of Vehicle (Car/Motor Cycle):	Registration:
Make / CC:	

Enter the full details of your vehicle used for transport. Payroll will not approve your mileage expenses without these details.

JOURNEY DETAILS

Date	To	From	Purpose of Journey	Mileage

Enter the full journey details along with the mileage to the nearest mile. The total mileage will appear in the mileage box on page 1.

PASSENGER DETAILS (IF CLAIMING MILEAGE FOR PASSENGERS)

Title	Full Name	Specialty

Enter passenger details if relevant and only if they work for this Trust and are going to the same course that these expenses relate to. Tick the yes box in the mileage section on page 1 if there are passengers.

NB.

Please staple all relevant receipts and supporting evidence to the form and return to:

David Tamares-Little
Administrator for Senior Staff Study Leave
Postgraduate Medical Centre
Derriford Hospital
PLYMOUTH
PL6 8DH

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