

**Please complete all sections in full and ensure original receipts are included in your submission
Don't forget to include your payroll number to facilitate reimbursement**

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: _____

Office use only: Date Received: _____

Expenses Claimed	Amount Claimed	Amount Authorised (OFFICE USE)	I DECLARE THAT:
Course Fees Include a Meal Yes <input type="checkbox"/> No <input type="checkbox"/> Include Accommodation Yes <input type="checkbox"/> No <input type="checkbox"/>	£ _____	£ _____	a) I attended the approved activity for which these expenses are claimed OR I was unable to attend due to circumstances outside of my control and I was unable to get refunds on the amounts entered. b) The expenses claimed on this form relate to an approved study leave application for the dates above. c) Where a claim for the mileage allowance is made: 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. 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. d) The expenses claimed by me on this form, have not or will not be claimed or accepted by me from other persons or organisations. 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. 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.
Rail Fare	£ _____	£ _____	
London Underground	£ _____	£ _____	
Flights: UK <input type="checkbox"/> Overseas <input type="checkbox"/>	£ _____	£ _____	
Taxi Fare / Shuttle Service / Parking etc Number of receipts attached: _____	£ _____	£ _____	
Mileage _____ @ 30p per mile If Applicable: Plus passenger @2p per mile Passenger's Name: _____	£ _____	£ _____	
Subsistence – Accommodation Number of Nights: _____	£ _____	£ _____	
Other Subsistence(Staying at relatives/friends) Number of Nights _____ @ £25 per night	£ _____	£ _____	
Subsistence – Meals Number of receipts attached: _____	£ _____	£ _____	
TOTAL	£ 0.00	£ 0.00	
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: _____			
Checked/amended by SSSL Administrator <input type="checkbox"/>		Date : _____	
MEM Authorised _____		Date : _____	
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.			

VEHICLE DETAILS (ONLY IF CLAIMING MILEAGE)				
Type of Vehicle (Car/Motor Cycle):			Registration:	
Make / CC:				
JOURNEY DETAILS				
Date	To	From	Purpose of Journey	Mileage

PASSENGER DETAILS (IF CLAIMING MILEAGE FOR PASSENGERS)		
Title	Full Name	Specialty

NB.

Please email the completed form to:

plh-tr.SeniorStaff-StudyLeave-App@nhs.net

★ Please ensure you include scanned copies of ALL relevant receipts and supporting evidence

Alternatively staple all relevant receipts and supporting evidence to the form and send to:

Senior Staff Study Leave (SSSL) Administrator

Postgraduate Medical Education Centre

Derriford Hospital

Plymouth

PL6 8DH