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

All expenses claims must have a previously approved study leave application.

Name (incl: Dr/Mr/Miss/Mrs): Assignment/Payroll No:

Grade: GMC No:

Home Address:

Service Line: Base Trust:

Name & Date of Course: From: Click To: Click Number of Days:

|  |  |  |
| --- | --- | --- |
| Office Use Only: Date Application Received: Click or tap to enter a date. | PGMC OFFICE USE ONLY | Applicants Declaration |
| Summary of Expenses ClaimedPlease include full costs regardless of limits/caps (for internal monitoring)All information requested on this form is mandatory | Amount Claimed | Amount Authorised | I declare that: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 a pre-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 (inlcuding cover against risk of injury to, or death of passengers, and damage to propery whilst the car is being 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 business for Plymouth Hospitals NHS Trust and will cover busines use.d) The expenses claimed by me on this form have not, and will not, be claimed or accepted by me from other persons or organisationse) 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 proceedingsN.B Receipts must be attached to this document in hard copy or the originals must be scanned as PDFs and emailed with this form. There must be a receipt for each amount claimed where applicable. |
| COURSE FEE:Course fees include a Meal: Yes [ ]  No [ ] Course fees include accommodation: Yes [ ]  No [ ]  |  |  |
| **TRAVEL (must be detailed overleaf):** |
| Total Miles from box 6 @ 30p per mile Click to enter number of miles. |  |  |
| (Passenger allowance 2p per mile – box 11) |  |  |
| FLIGHTS: UK [ ]  Overseas [ ]  |  |  |
| RAIL FARE **\***Second Class / Saver / Sleeper |  |  |
| BUS or COACH FARE(LEASE CAR RATES DO NOT APPLY TO STUDY LEAVE) |  |  |
| OTHER TRAVEL: Tolls/parking/London Underground etc. |  |  |
| **ACCOMODATION** |
| Commercial Accommodation (if not included in course fee)Number of Nights:  |  |  |
| Friends/Family Accommodation: Number of Nights:  |  |  |
| **SUBSISTENCE / MEALS** |
| SUBSISTENCE (do not include any meals incl in course fee) |  |  |
| **TOTALS and DECLARATION** |
| TOTAL AMOUNT CLAIMED / AUTHORISED: | **£** | **£** |
| By sending this for electronically by email, or by posting a signed hard copy) to the Senior Staff Study Leave Administrator, I acknowledge that I have read and complied with the declarations on this form. |
| **Applicants Signature:** | **Date:**  |
| **OFFICE USE ONLY** |
| PGME – Budget Centre Code: | 120352 /  |
| Checked/amended by SSSL administrator [ ]  | Date:  |
| MEM Authorisation:  | Date:  |
| I certify that, to the best of my knowledge and belief, the claimant was engaged on the business as stated above and shown on page 2 and that, where the full mileage is claimed, travel by public transport was not appropriate |

|  |
| --- |
| VEHICLE DETAILS(ONLY REQUIRED IF CLAIMING MILEAGE ALLOWANCE) |
| Type of Vehicle: Choose an item. | Vehicle Registration: Click or tap here to enter text. |
| Make: Click or tap here to enter text. Model: Click or tap here to enter text. CC: Click or tap here to enter text. |
| JOURNEY DETAILS(claims can only be made from Base to Destination and same return journey) |
| 1. Date | 2. To  | 3. From | 4. Purpose of Journey | 5. Mileage |
|  |  |  |  |  |
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|  |  |  |  |  |
| 6. TOTAL MILEAGE TO CLAIM |  |

|  |
| --- |
| PASSENGER DETAILS(if claiming mileage for passenger) |
| 7. Title | 8. Full Name | 9. Mileage with passenger in vehicle | 10. Was the passenger on the same SL event/business as you |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
| 11. TOTAL PASSENGER MILEAGE TO CLAIM |  |  |

Please email completed expense 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 the relevant receipts (originals) and supporting evidence to this form and sent to:

Senior Staff Study Leave (SSSL) Administrator

Postgraduate Medical Education Centre

Derriford Hospital

Plymouth

PL6 8DH