

Completion of these boxes is mandatory

| | | | | | |
|-----------------------|--------------|-------|------|-----------|------------------------|
| Weekly / Monthly Paid | Pay Division | Group | Page | Page Post | Pay Number (Character) |
| Monthly | | | | | |

Please refer to your current payslip

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM



EMPLOYER

GGHB

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF APRIL/MAY 2014

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME DR JENNIFER ARMSTRONG
 (as per current payslip)

HOME ADDRESS [REDACTED]

DESIGNATION MEDICAL DIRECTOR

BASE J B RUSSELL HOUSE GRH

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY
 CAR REGISTRATION NUMBER _____

ODOMETER END OF MONTH _____
 READING AT START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

EXCESS TRAVEL

CHANGE OF BASE _____

UNIT VALUE _____

EXCESS RETURN FOR HOME TO BASE _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

| DATE | REASON FOR JOURNEY | DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM | MILEAGE | | | TIME OF | | EXPENSES | AMOUNT CLAIMED | | |
|---------------|--------------------|--|-----------------------|--------------------------------|------------------|--------------------------|-------------------|----------|----------------|-----------|----------------|
| | | | HOME TO PLACE VISITED | BASE TO PLACE VISITED / RETURN | BUSINESS MILEAGE | PUBLIC TRANSPORT MILEAGE | PASSENGER MILEAGE | | | DEPARTURE | RETURN |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| 11/04 | | To Strathclyde University | | | 14 | | | | | Mileage | |
| 11/04 | | Parking | | | | | | | | Parking | £3.00 |
| 11/04 | | Parking | | | | | | | | Parking | £3.00 |
| 11/04 | | Parking | | | | | | | | Parking | £3.00 |
| 07/05 | | Train - Edinburgh | | | | | | | | | £12.60 |
| 12/08 | | Train - Edinburgh | | | | | | | | | £12.60 |
| 03/09 | | Taxi - Edin UNI Interviews | | | | | | | | | £10.60 |
| 10/09 | | Parking - Airport - London | | | | | | | | | £23.00 |
| 26/09 | | Parking - Airport - London | | | | | | | | | £23.00 |
| 30/09 | | Train - Edinburgh | | | | | | | | | £22.50 |
| 18/11 | | Train - Edinburgh | | | | | | | | | £24.50 |
| 25/11 | | Train - Edinburgh | | | | | | | | | £22.50 |
| 25/11 | | Taxi | | | | | | | | | £5.00 |
| 25/11 | | Taxi | | | | | | | | | £5.00 |
| 28/11 | | Train - Edinburgh | | | | | | | | | £12.60 |
| TOTALS | | | | | | | | | | | £182.90 |

Completion of these boxes is mandatory

| | | | | |
|---------------------|--------------|------------|-----------|---------------------------|
| Weekly/Monthly Paid | Pay Division | Group Code | Pay Point | Pay Number (8 characters) |
| Monthly | | | | |

TRAVEL & ASSOCIATED EXPENSES CLAIM FORM
FOR AFC RULES 1ST JULY 2013



EMPLOYER **NHS GREATER GLASGOW AND CLYDE**
 (PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

CLAIM FOR THE MONTH OF

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME: Jennifer Armstrong
 (as per current payslip)

HOME ADDRESS: [REDACTED]

DESIGNATION: Medical Director

BASE: JB RUSSELL HOUSE

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: [REDACTED] (Mandatory if any mileage is being claimed)

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: [REDACTED]

FUEL TYPE: [REDACTED]

CO2 EMISSIONS LEVEL: N/A

MOT EXPIRY DATE: N/A

MAKE AND MODEL: N/A

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE: _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: _____ (B)

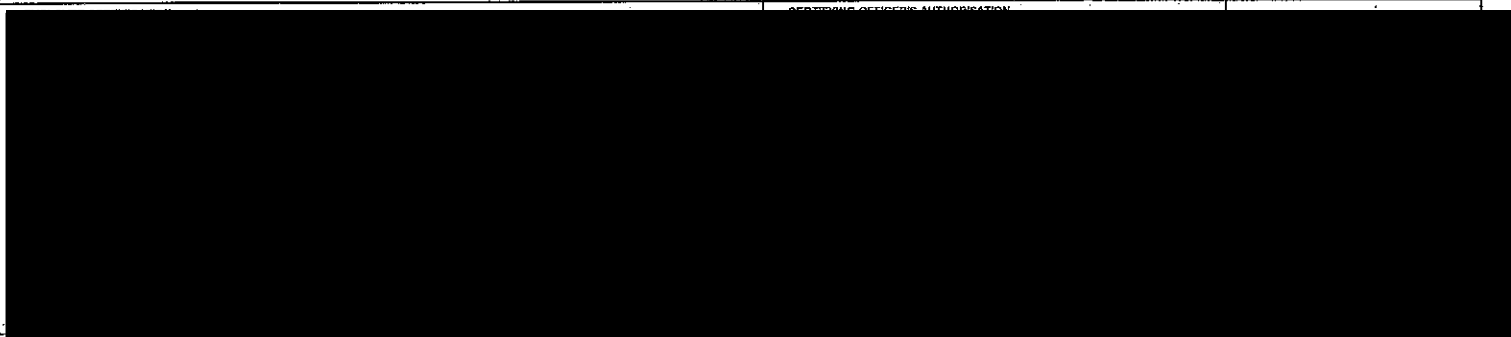
TOTAL MILES / COST * CLAIMED: _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

IF YES PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

| DATE | REASON FOR JOURNEY | JOURNEY START AT | JOURNEY END AT HOME | DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5) | MILEAGE | | | | TIME OF | | DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12) | AMOUNT CLAIMED | |
|----------|--------------------|------------------|---------------------|--|--------------------------|--|-----------------------|-----------------------|----------------|-------------|---|----------------|-------|
| | | | | | FULL JOURNEY MILEAGE (6) | CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7) | PASSENGER MILEAGE (8) | OFFICIAL USE ONLY (9) | DEPARTURE (10) | RETURN (11) | | £ | p |
| 12 - Jan | | | | Base to nSGH | 3 | | | | | | | | |
| 13 - Jan | | | | Base to GRI Return | 8 | | | | | | | | |
| 21 - Jan | | | | Base to Glasgow University | 2 | | | | | | | | |
| 22 - Jan | | | | Base to nSGH | 3 | | | | | | | | |
| 23 - Jan | | | | Base to Yorkhill RSCH | 3 | | | | | | | | |
| 26 - Jan | | | | Base to nSGH | 3 | | | | | | | | |
| 27 - Jan | | | | Base to nSGH Return | 8 | | | | | | | | |
| 28 - Jan | | | | Base to GRI then nSGH | 11 | | | | | | | | |
| 29 - Jan | | | | Train Journey Edinburgh | | | | | | | | | 23.10 |
| 30 - Jan | | | | Base to Kirklands Hospital Bothwell Return | 32 | | | | | | | | |
| TOTALS | | | | | 71 | 0 | 0 | | | | | | 23.10 |



Completion of these boxes is mandatory

| | | | | |
|---------------------|-----------|------------|-----------|---------------------------|
| Weekly/Monthly Paid | Pay Grade | Group Code | Pay Point | Pay Number (3 characters) |
| | | | | |

Please refer to your current pay slip

TRAVEL & ASSOCIATED EXPENSES CLAIM FORM
FOR APC RULES 1ST JULY 2013



EMPLOYER: **NHS GREATER GLASGOW AND CLYDE**
(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM4D STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

CLAIM FOR THE MONTH OF: **MARCH**

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current pay slip): **DR JENNIFER ARMSTRONG**

HOME ADDRESS: [REDACTED]

DESIGNATION: **MEDICAL DIRECTOR**

BASE: **J B RUSSELL HOUSE**

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: [REDACTED] Completion mandatory if any mileage is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: [REDACTED]

FUEL TYPE: **N/A**

CORRECTIONS LEVEL: **N/A**

WOT EXPIRY DATE: **N/A**

MAKE AND MODEL: **N/A**

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE: _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: _____ (B)

TOTAL MILES / COST * CLAIMED: _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

| DATE | REASON FOR JOURNEY | JOURNEY START | JOURNEY END AT HOME | JOURNEY END AT HOME | DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM | MILEAGE | | | | TIME OF | | EXPENSES | |
|---------------|--------------------|---------------|---------------------|---------------------|--|----------------------|--|-------------------|-------------------|-----------|--------|--|----------------|
| | | | | | | FULL JOURNEY MILEAGE | CALL-OFF OVERTIME AND RESERVE RATE MILEAGE | PASSENGER MILEAGE | OFFICIAL USE ONLY | DEPARTURE | RETURN | DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED | AMOUNT CLAIMED |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
| 02 - Mar | | | | | Base to RAH to nSGH | 16 | | | | | | | |
| 05 - Mar | | | | | Home to Gyle Square, Edinburgh | 92 | | | | | | | |
| 07 - Mar | | | | | Home to Beardmore Clydebank | 8 | | | | | | | |
| 18 - Mar | | | | | Base to Glasgow | 4 | | | | | | | |
| 19 - Mar | | | | | Home to nSGH - Edinburgh | | | | | | | | 23.10 |
| 23 - Mar | | | | | Home to V Infirmary | 3 | | | | | | | |
| 24 - Mar | | | | | Edinburgh | | | | | | | | 23.10 |
| 25 - Mar | | | | | Home to nSGH to Base | 6 | | | | | | | |
| 26 - Mar | | | | | Home to Stobhill to Base to Woolfson | 18 | | | | | | | |
| 27 - Mar | | | | | Home to W to Base - New City Road, Glasgow | 9 | | | | | | | |
| 31 - Mar | | | | | Home to Base - Glasgow | 8 | | | | | | | |
| TOTALS | | | | | | 162 | 0 | 0 | | | | | 46.20 |