

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM



Completion of these boxes is mandatory

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (if awarded)

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

CLAIM FOR THE MONTHS OF APRIL & MAY 2015

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME SUSAN J BRIM-ELW
 HOME ADDRESS [REDACTED]
 DESIGNATION NON-EXECUTIVE DIRECTOR
 BASE 1

VEHICLE / USER DETAILS

USER TYPE _____
 ENGINE SIZE (cc) OF VEHICLE USED _____
 LEASED CAR ONLY
 CAR REGISTRATION NUMBER _____
 ODOMETER READING AT _____ END OF MONTH _____
 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? NO 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	
			HOME TO PLACE VISITED/RETURN (1)	BASE TO PLACE VISITED/RETURN (2)	BUSINESS MILEAGE (3)	DEPARTURE (4)	RETURN (5)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (6)	AMOUNT CLAIMED (7)
5/2/15		TRAVEL TO JB RUSSELL HOUSE & RETURN HOME INDUCTION MEETING WITH CHAIR of H BOARD	11.6		11.6				
9/3/15		TRAVEL TO GOLDEN JUBILEE HOSPITAL FOR BOARD STRATEGY MEETING	✓		14.4				
21/4/15		BOARD MEETING AT JB RUSSELL HOUSE	✓		11.6				
2/5/15		TRAVEL TO PARTICK UNDERGROUND STATION BY CAR & THEN TUBE TO ATTEND PPC TRAINING AT 40 NEW CITY ROAD GLASGOW	✓		13.6			UNDERGROUND TICKET	41-30
19/5/15		QUALITY & PERFORMANCE COMMITTEE AT JB RUSSELL HOUSE	✓		11.6				
TOTALS					62.4				

CERTIFYING OFFICER'S AUTHORIZATION

FOR EXPENSES USE ONLY:

