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ı	Wastly / Monthly Part	Per Deriva	Group Code	Pay Point	Pay Number (3 characters)
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SCOTLAND

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

(PROR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES, FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HIMAD STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAMFORM MAY BE RETURNED AND PAYMENT DELAYED CLAUM FOR THE MONTH OF EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS) VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) TEV/PORARY / PERVANENT * CHANGE OF BASE CAR REGISTRATION NAMEER HOME ADDRESS fvél Inre DESIGNATION MEDICAL DIRECTOR COZEUSSÓNS LEVEL TOTAL VILES / COST * NOT EXPRESATE

S NOTE DATAN	CE SECL	INOUS	7	Completion mandatory if any miles gails being distined.		1				\dashv		
S NGLE DISTAN PERUANENT VI	ORKPLA	ÉMI	ES			NAVE AND NO	OEL .			\exists		
AR CHANGEO	SNCEL	IST CL	AM? YES	/No·	'YES' PLEASE AT	TACH A COPY OF	F YOUR INSURAN	NCE POLICY			DATE OF CHANGE? /	1
				DETALS OF JOURNEY		MU	LEAGE		T		EJPENSES	
DATE	POR JOURNS	JOURNEY START AT. HOMF	JOURNEY END AT HOME	. (NCLUDN'S NAMES OF PASSENGERS)	Pull Journey Mease	CALLOUT OVERTIME AVORESERVE RATE MLEAGE		CATACIAL CAECALY	1	∈o-	DETAILS OF SUSSIFEACE OF OTHER EXPENSES CLANED	PADTAKEA
tu .	[7]	(3)	(4)	OR DESCRIPTION OF CLAM (5)	8	п	- B	19)	0674A1U95 [13]	PETURN (11)	tva `	£ [13]
10 - Apr		<u> </u> _		. Home to VI to base	5		1	<u> </u>	ļ			
13 - Apr		<u> </u>		Home to nSGH to base to Glasgow University			<u> </u>		↓			
15 - Apr		ļ		Train to Edinburgh				ļ	ــــــ			23,10
16 - Apr		ļ		Base to Yorkhill			<u> </u>		ļ	<u> </u>		
17 - Apr				Home to Glascow Uni to base to New City Road. Glw	9							
			1		1	1						
20 - Apr		-		Home to Stratholyde Uni to nSGH	12	ļ.,			 			
28 - Apr	_			Train to Edinburgh		ļ	 	<u> </u>	<u> </u>			23.10
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CLAIM FOR THE MONTH OF

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

SCOTLAND

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

EMPLOYEE	DETAIL	S (Çe	moletik	on of these fields are mandatory. Please use BLOCK CAPITALS)	_	VEHICLE DE	TAILS (WHE	RE MILEAGE	BEING CL	ALMED)	EXCESS TRAVEL (See Guid	lance)
NAVE (as per current p	e. w 5m \		DR.	ENVFER ARUSTROAG		CAR REGISTRATI	CHNAMER	-			TEMPORARY / PERMANENT * CHA	NGE OF BASE
HOVE ADDRES						EVG NE 9ZÊ		-		ŀ	EXCESS RETURN VALEAGE / COST* FOR HOVE TO BASE	(A) ·
						FUEL TYPE		-			NO OF DAYS / OCCASIONS	(\$)
DESIGNATION			WEE	NCAT DESCLOS		COZEUSSONSI	.PR	-			TRAVELLED/CLA:VED	
BASE											TOTAL VILES / COST .	(A ± 6)
				RUSSELL HOUSE In mandatory if any chieage is being diamed.		NOT EXPRESAL	E	-		H		
SINGLE DISTAN PERMANENT W	CE FROM ORKPLA	CE WILL	10			MAKE AND MOS	DEL					
CAR CHANGED	SNCEU	AST CL	UM? YE	aw.	S' PLEASE AT	ACH A COPY OF	YOUR INSURAY	CE POLICY			DATE OF CHANGE?	. /
Γ		$\overline{}$		DETALS OF JOURNEY			AGE	_			EXPENSES	
c≽tę,	FEAGO POR IOURNO	DURNEY TANT AT HOME	OURNEY END AT HOME	(NOLUDING NAVES OF FASSENGERS)	FULL JOJENEY MLEASE	CALL-OUT OVERTINE AND RESERVE RATE MALEAGE	PASSENGER ULEAGE	OFFICIAL USE ONLY	Tag		DETALS OF SUBSTITUTE OR OTHER EXPENSES CLANED	. AVOINTOLAVED
[1]	[7]	Ø	_(4)	OR DESCRIPTION OF CLAM (5)	9	RATE MILEAGE	E	[9)	DEFARILIFE [13]	(11)	1171	£ p
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ii - May				Train to Edinburgh then base					!		·	23.10
12 - V ay				Train to Edinburgh then base								23.10
13 - Pay				Base to Glasgow University	2	1						
14 - May				Ouniteld	152							
19- May				DOWN	-							
18 - May		-		Base to Victoria infirmary	8	ļ						
19 - May		-		Home to Glasgow Royal Infirmary to Base	9				ļ			
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25 - Vay				Home to Victoria infirmary to Base	8.				ļ			
29 - Vay		L.		Base to to New South Glasgow	3	ļ						:
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NHS GREATER GLASGOW AND CLYDE

EMPLOYER (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



JUNE CLAIM FOR THE MONTH OF EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS) DR JENNIFER ARMSTRONG HOME ADDRESS DESIGNATION MEDICAL DIRECTOR

Completion mandatory if any infleago is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE FUEL TYPE TOTAL MILES / COST * CLAIMED MOT EXPIRY DATE MAKE AND MODEL

RMANENT WO	JKKPLAC	E MILL	i\$			MAKE AND MOD					
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				DETAILS OF JOURNEY	ì	MILE	AGE			EXPENSES	
DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE		OFFICIAL USE ONLY	TIME OF	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAIM
[1]	[2]	(3)	(4)	OR DESCRIPTION OF CLAIM (5)	[6]	7	[8]	[9)		URN [12]	£ [13]
08 - Jun		N	٧	Base to SGH	3	-					
10 - Jun		Y	Υ	New SGH - Cotton Street, Palsley	5	<u> </u>					
11 - Jun		Υ	Υ	Edinburgh EH12 9ES- Return	90				-		ļ
12 - Jun		N	γ.	Base - New City Road, Glasgow	3			-			
15 - Jun		N	v	Base - Victoria Infirmary	3						
			,			-					
16 - Jun		N.	Y	Base - Glasgow G51 4Q0	6						
17 - Jun		N	Υ	Base - George Street, Glasgow	4						ļ
19 - Jun		N	Υ	Base - Glasgow Uni - nSGH	5						
22 - Jun		Υ	N ·	SGH - Base	3						
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29 - Jun				Train to Edinburgh	Direktoras antāry, , , , ,						25.20
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•				TOTALS	122	#REF!	0				25.20

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SCOTLAND

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 HMAD 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) DR JENNIFER ARMSTRONG ENGINE SIZE

HOME ADDRESS DESIGNATION MEDICAL DIRECTOR SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) FUEL TYPE CO2 EMISSIONS LEVEL MOT EXPIRY DATE MAKE AND MODEL

TEMPORARY / PERMANENT * CHANGE OF BASE NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED TOTAL MILES / COST *

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111	Pl	(3)	(4)	OR DESCRIPTION OF CLAM (5)	19	- 12	[8]	(9)	(10)	[11]	[12]	(13)
		- 3		PRODUCTO DALAMENTO CONTROLO SE			•					
01 - Jul		-	-	Home to 2 Central Quay, Glasgow - Base	6				-	-		
02 - Jul		8		Base to William Street, Paisley	10					T.		
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07 - Jul		-		Base to SGH	3							
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		77-250		TOTALS	74	#REFI						0.00

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

DR JENNIFER ARMSTRONG

MEDICAL DIRECTOR

CLAIM FOR THE MONTH OF

(as per current payslip) HOME ADDRESS

DESIGNATION

BASE

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

SCOTLAND

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

VEHICLE DETAILS (WHER	E MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)	
AR REGISTRATION NUMBER	_	TEMPORARY / PERMANENT * CHANGE OF B	ASE
GINE SIZE	-	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	(A)
L TYPE	-	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	(B)
MISSIONS LEVEL		March College	
XPRY DATE	-	TOTAL MILES/COST	(A x B)
KE AND MODEL		1	

SINGLE DISTAN PERMANENT W	CE FROM	CE MIL	10	Completion mandatory if any mileage is being claimed miles		MAKE AND MOD		-				
CAR CHANGED	SINCE LA	AST CL	AIM7 YE	S/NO* F*YE	S' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	1
				DETALS OF JOURNEY		MILE	AGE				EXPENSES	
DATE	REASON FOR JOURNEY	STARTAT	JOURNEY ENDAT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MLEAGE	GALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
[11]	[7]	(3)	(4)	OR DESCRIPTION OF CLAM (5)	[6]	J.T.	[8]	(9)	Lici	[11]	[12]	[12]
01 - Sep		Y	Y	Home to Beardmore, Clydebank - Woolfson Hall - Home	15							
02 - Sep		٧	Y	Home to Gyle Square, Edinburgh - Home	90		, E					
03 - Sep		N	Y	Base to Central Quay - BBC - Home	5							
07 - Sep		N	٧	Base to QUEH - Home	3							
09 - Sep		N	٧	Base to Albion St, Glasgow - QUEH -Albion Street - Home	16							
17 - Sep		N	٧	Base to Pacific Quay - Home	5							
18 - Sep		N	N	Base to QUEH - Base	5							
22 - Sep		Y	Y	Train to Edinburgh								12,60
21 - Sep		N	٧	Base to QEUH - Home	3							
24 - Sep		Υ	N	Home to Stobhill - Base	12							
29 - Sep		Y	Y	Train to Edinburgh								25.20
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				TOTALS	154		0					37.80

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Monthly					

TRAVEL & ASSOCIATED EXPENSES CLAIM FORM

FOR AFC RULES 1ST JULY 2013

NHS GREATER GLASGOW AND CLYDE

EMPLOYER (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)

SCOTLAND

CLAIM FOR THE MONTH OF OCTOBER

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

(Completion of these fields are mandatory, Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEI	(G CLAIMED) EXCESS TRAVEL (See Guidance)
DR JENNIFER ARMSTRONG	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE
	ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE
	FUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)
MEDICAL DIRECTOR	CO2 EMISSIONS LEVEL	
A CHARL HOUSE	MOT EXPRY DATE	CLAIMED (A x E
DME TO MILES	MAKE AND MODEL	
	DR JENNIFER ARMSTRONG MEDICAL DIRECTOR DIME TO	DR JENNEER ARMSTRONG CAR REGISTRATION MARBER ENGRE SIZE FUEL TYPE MEDICAL DIRECTOR COS EMISSIONS LEVEL MOT EXPRIV DATE

AR CHANGED	SINCE L	AST CL	AIM? YES/NO		IF 'YES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	/
		T		DETAILS OF JOURNEY	1000000	MILE	AGE	000000000000000000000000000000000000000			EXPENSES	WS4E - A
DATE	REASON FOR JOURNE	START AT HOME	JOURNEY ENDAT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	TIM	E OF	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAME
(1)	[2]	(3)	(4)	OR DESCRIPTION OF CLAIM (5)	[eg	[7]	[8]	(9)	[10]	[11]	(12)	[13]
02 - Oct		N	N	BASE TO SECC	5							
06 - Oct		N	N	BASE TO ALBION STREET	11							1
09 - Oct		Y	γ	HOME TO QUEH - EDINBURGH - RHSG TRAIN AND TAXI CHECK WITH J								6 CC 23.10
22 - Oct		٧	N	SOUTHBANK MARINA, KIRKINTILLOCH - BASE	23							
23 - Oct		N	N .	BASE TO BEARDMORE THEN NEW CITY ROAD, GLASGOW	14			<u> </u>				
26 - Oct		٧	N	RAH THEN BASE	- 18			<u> </u>				
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				TOTALS	71	#REF!			3		L	7344

	Comple	etion of	these boxes i	s mandatory
Weekly / Monthly Paid	Pay Division	Group Code	Pay Pont	Pay Number (8 characters)
Monthly				

SCOTLAND

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 HAMBO STAFF!

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

EMPLOYEE DETAILS (Comp	letion of these fields are mandatory. Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)
IAME as per current payslip)	DR JENNIFER ARMSTRONG	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE
HOME ADDRESS	_	ENGINE SIZE	EXCESS RETURN MILEAGE / (A)
		FUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)
DESIGNATION	MEDICAL DIRECTOR	COZ EMISSIONS LEVEL	
SASE	LIBRISSEL HOUSE	MOT EXPIRY DATE	TOTAL MILES / COST * (A x B)
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES		MAKE AND MODEL	

R CHANGED	SINCE LA	STCLA	IM? YES/ NO .		IF 'YES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	1.
				DETAILS OF JOURNEY		MILE	AGE				EXPENSES	
DATE		STARTAT	9	(INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAM (5)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER WLEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAN
[1]	[7]	(3)	(4)	(5)		[7]	[8]	[9]	[10]	[11]	[12]	[13]
02 - Nov		٧	Υ	TRAIN TO EDINBURGH								12.60
03 - Nov		٧	N_	UNIVERSITY OF GLASGOW TO BASE								
04 - Nov		Y	Υ	SCOTTISH HEALTH AWARDS EIDNBURGH	93							
05 - Nov		N	N	BASE TO KENNETH DRIVE, GLASGOW	3							
06 - Nov		N	N	BASE TO QUEH	4							
10 - Nov		N	N	BASE TO QUEH	4							
11 - Nov		N	N	BASE TO QUEH	4							
13 - Nov		Y	N	KIRKLANDS HOSPITAL THEN BASE	26							
26 - Nov		٧	N	BASE TO QUEH				100				
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				TOTALS	148	#REF1	0					12.60

SCOTLAND

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 HMAD STAFF)

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

EMPLOYEE DETAILS (C	ompletion of these fields are mandatory. Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE M	LEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)	
NAME (as per current payslip)	DR JENNIFER ARMSTRONG	CAR REGISTRATION NUMBER	- 1	TEMPORARY / PERMANENT * CHANGE OF	BASE
HOME ADDRESS		ENGINE SIZE	-	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	- (A)
5		FUEL TYPE	-	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	(6)
DESIGNATION	MEDICAL DIRECTOR	CO2 EMISSIONS LEVEL	_	CONTRACTOR CONTRACTOR	
BASE	IR DIESEL I MORE	MOT EXPIRY DATE		TOTAL MILES / COST *	(A x B)
SINGLE DISTANCE FROM HOM PERMANENT WORKPLACE MI		MAKE AND MODEL			

100000000000000000000000000000000000000			MM7 YES/NO*		T TES TELASERI	TACH A COPY OF	TOUR INSURANI	JE POLICY			DATE OF CHANGE?	- 1
		I		DETAILS OF JOURNEY		MILI	EAGE		1		EXPENSES	
DATE	HEASON FOR JOURNEY	START AT HOME	JOURNEY END AT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER WLEAGE	OFFICIAL USE ONLY	TIME OF DEPARTURE RETURN		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLA
[1]	[2]	(3)	(4)	OR DESCRIPTION OF CLAM (5)	[6]	r)	[8]	[9]	[10]	[11]	[12]	[13]
02 - Dec		н	н	Train to Edinburgh								12.60
02 - Dec				Tazi								8.00
04 - Dec		N	N ,	Base to NES								
08 - Dec		Υ	Y	Home to Gyle Sqyare Edinburgh	91					<u></u>		
09 - Dec		N	N	Base to NES	5							
10 - Dec		Y	N	Home to QUEH then Glasgow Uni	7							
15 - Dec		N	N	Base to Glasgow Uni				la constitution of				
18 - Dec		N	N	Base to New City Road, Glasgow					<u></u>			
21 - Dec		Y	T	Train to Edinburgh								23.10
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				TOTALS	115	#REF!						43.70

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CLAIM FOR THE MONTH OF Jan-2016

NAME (as per current payslip)

TRAVEL & ASSOCIATED EXPENSES CLAIM FORM

CAR REGISTRATION NUMBER



TEMPORARY / PERMANENT * CHANGE OF BASE

(PRIOR TO COMPLETION OF THIS FORM PLEASE

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

DR JENNIFER ARMSTRONG

EMPLOYER

	FOR AFC ROLES 1ST JULY 2013	NHS
OYER	NHS GREATER GLASGOW AND CLYDE	1113
MPLETION OF THIS FO	ORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)	SCOTLAND
ALL SHADED AREA	S MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED	

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance)

HOME ADDRES	s		1000			ENGINE SIZE					EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	(A)
			20000	CONTROL OF THE PARTY OF THE PAR		200000000000000000000000000000000000000					TRAVELLED / CLAIMED -	(B)
DESIGNATION BASE			4,000	ILLA DIRECTOR RUSSELL MOUSE		CO2 EMISSIONS L					TOTAL MILES / COST *	(A + B
SINGLE DISTAN PERMANENT W	ICE FROM	M HOME CE MIL	TO ES			MAKE AND MOD	DEL					
CAR CHANGED	SINCE L	AST CL	AIM? YES	uno. IE.A	ES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	1
	2 5		0	DETALS OF JOURNEY			AGE				EXPENSES	
CATE	REASON 10H JOURNEY	STARTA	JOURNEY END AT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	TIME		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
[1]	[2]	(3)	(4)	OR DESCRIPTION OF CLAM (5)	jej	[7]	[8]	(9)	DEPARTURE [10]	RETURN [11]	[12]	£ p
08 - Jan		N	Y	Base to 2 Central Quay, Glasgow	5							
11 - Jan		N	Y	Base to Yorkhill, Glasgow	2							
13 - Jan		N	Y	Base to V Infirmary								
15 - Jan		N	Y	Base to Cotton St, PA1 1AL - Base - New City Road	23							
20 - Jan				Train to Edinburgh								23.30
22 - Jan		N	Y	Base to QUEH	3							
26 - Jan		N	Y	Base to inverciyde PA15 1LY	42							
27 - Jan		Y	٧	Drove to Gyle, Edinburgh EH12 9EB	93							
28 - Jan		N	N	Base to Stobhill - Base	10							
_		-						į l				
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												54
a se mesopiación										7.45		
				1								
	_				-							
				TOTALS	184	#REF!	0					23.30

HB 61 Monthly G58 09534150

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

NHS GREATER GLASGOW AND CLYDE



EMPLOYER (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 Feb-2016 EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS) VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE NAME DR JENNIFER ARMSTRONG CAR REGISTRATION NUMBER (as per current payslip) EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE -HOME ADDRESS ENGINE SIZE (A) FUEL TYPE NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B) DESIGNATION COZ EMISSIONS LEVEL TOTAL MILES / COST (A + B) BASE CLAIMED J B RUSSELL HOUSE MOT EXPRYDATE SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES MAKE AND MODEL

R CHANGED	SINCE LA	AST CL	UM? YES/N	0.	IF 'YES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	1
				DETAILS OF JOURNEY		MILE	AGE		I		EXPENSES	
DATE	REASON FOR JOURNEY	START AT HOME	JOURNEY END AT HOME	(INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAM	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	DEPARTURE	E OF	DETALS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAM
[1]	[2]	(3)	(4)	(5)		[7]	[8]	[9)	[10]	(11)	[12]	[13]
01 - Feb	_	N	Υ	Base to QEUH	3.8							
03 - Feb	_	N	Y	Base to Yorkhill	2.4							
05 - Feb		N	Υ	Train to Edinburgh								23.30
08 - Feb		Y	Y	Home to QEUH the drive to Edinburgh	94							
10 - Feb		N	Υ	Base to Yorkhill	2.4							
11 - Feb		N	Y	Base to Inverciyde Hospital	47.2							
12 - Feb		Y	Y	Train to Edinburgh								12.60
15 - Feb		Y	N	Home to QPH then back to base	13.9							
16 - Feb		N	Y	Base to Yorkhill	2.4		17172					
17 - Feb		N	Y	Base to University of Glasgow	2.1							
18 - Feb		N	Y	Base to Yorkhill	2.4							
22 - Feb		Y	Y	Home to RAH then Yorkhill	49.9							
26 - Feb		N	Y	Base to Kirlands Hospital then Lilybank Gardens, G12 8RZ	25							
29 - Feb		Y	Υ	Base to QEUH	1.7							
				TOTALS								
				IUIALS	250.2	#REF!	0					35.90