

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Grade 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 (as per current payroll)	DR JENNIFER ARMSTRONG
HOME ADDRESS	[REDACTED]
DESIGNATION	MEDICAL DIRECTOR
BASE	J B RUSSELL HOUSE
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	[REDACTED] <small>Completion mandatory if any mileage is being claimed.</small>

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER	[REDACTED]
ENGINE SIZE	[REDACTED]
FUEL TYPE	[REDACTED]
CO2 EMISSIONS LEVEL	[REDACTED]
MOT EXPIRY DATE	[REDACTED]
MAKE AND MODEL	[REDACTED]

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	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5)	MILEAGE				TIME OF		EXPENSES		
					FULL JOURNEY MILEAGE (6)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	AMOUNT CLAIMED (13)	
												E	P
08 - Jun		N	Y	Base to SGH	3								
10 - Jun		Y	Y	New SGH - Cotton Street, Paisley	5								
11 - Jun		Y	Y	Edinburgh EH12 9EB- Return	90								
12 - Jun		N	Y	Base - New City Road, Glasgow	3								
15 - Jun		N	Y	Base - Victoria Infirmary	3								
16 - Jun		N	Y	Base - Glasgow G51 4QQ	6								
17 - Jun		N	Y	Base - George Street, Glasgow	4								
19 - Jun		N	Y	Base - Glasgow Uni - nSGH	5								
22 - Jun		Y	N	SGH - Base	3								
29 - Jun				Train to Edinburgh									25.20
TOTALS					122	#REF!	0						25.20

COPY

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly	G58	HB	61	G9534156

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)

CLAIM FOR THE MONTH OF JULY

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

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

NAME (as per current payslip)	DR JENNIFER ARMSTRONG
HOME ADDRESS	[REDACTED]
DESIGNATION	MEDICAL DIRECTOR
BASE	J B RUSSELL HOUSE
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	[REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER	[REDACTED]
ENGINE SIZE	[REDACTED]
FUEL TYPE	[REDACTED]
CO2 EMISSIONS LEVEL	[REDACTED]
MOT EXPIRY DATE	[REDACTED]
MAKE AND MODEL	[REDACTED]

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 HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS)	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		
(1)	(2)	(3)	(4)	OR DESCRIPTION OF CLAIM (5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	£ (13)
01 - Jul				Home to 2 Central Quay, Glasgow - Base	6							
02 - Jul				Base to William Street, Paisley	10							
07 - Jul				Base to SGH	3							
27 - Jul				Base to SGH	3							
29 - Jul				Home to Vale of Leven to Base	45							
31 - Jul				SGH to VI	7							
TOTALS					74	#REF!	0					0.00

Completion of these boxes is mandatory

Weekly / Monthly / Part	Pay Division	Grading Code	Pay Point	Pay Number (8 characters)
Monthly				

Please refer to your current payroll

**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 **SEPTEMBER**

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

NAME **DR JENNIFER ARMSTRONG**
 (As per current payroll)

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE **J B RUSSELL HOUSE**
 Completion mandatory if any mileage is being claimed

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES **5.7 miles**

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

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)

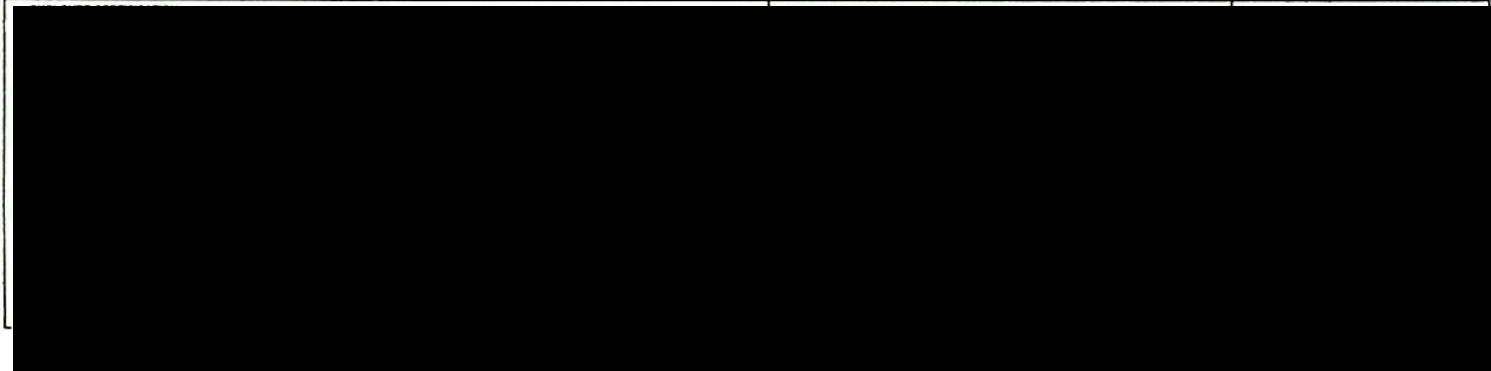
TOTAL MILES / COST * CLAIMED _____ (A x B)

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 HOME	JOURNEY TO HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5)	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED £ P
					FULL JOURNEY MILEAGE (6)	CALL OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)		
01-Sep	Y	Y		Home to Beardmore, Clydebank - Woolfson Hall - Home	15							
02-Sep	Y	Y		Home to Gyle Square, Edinburgh - Home	90							
03-Sep	N	Y		Base to Central Quay - BBC - Home	5							
07-Sep	N	Y		Base to QUEH - Home	3							
09-Sep	N	Y		Base to Albion St, Glasgow - QUEH - Albion Street - Home	16							
17-Sep	N	Y		Base to Pacific Quay - Home	5							
18-Sep	N	N		Base to QUEH - Base	5							
22-Sep	Y	Y		Train to Edinburgh								12.60
23-Sep	N	Y		Base to QUEH - Home	3							
24-Sep	Y	N		Home to Stobhill - Base	12							
29-Sep	Y	Y		Train to Edinburgh								25.20
TOTALS					154		0					37.80



Completion of these boxes is mandatory

Weekly / Monthly Paid	Pay Division	Grade Code	Pay Point	Pay Number (8 characters)
Monthly				

Please refer to your current payslip

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 **OCTOBER**

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

NAME (as per current payslip) **DR JENNIFER ARMSTRONG**

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

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 HOME	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	EXPENSES	
					FULL JOURNEY MILEAGE (6)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)		£	p
02 - Oct		N	N	BASE TO SECC	5								
06 - Oct		N	N	BASE TO ALBION STREET	11								
09 - Oct	Y	Y		HOME TO QUEH - EDINBURGH - RHSC TRAIN AND TAXI CHECK WITH J								6.00	23.10
22 - Oct	Y	N		SOUTHBANK MARINA, KIRKINTILLOCH - BASE	23								
23 - Oct	N	N		BASE TO BEARDMORE THEN NEW CITY ROAD, GLASGOW	14								
26 - Oct	Y	N		RAH THEN BASE	18								
TOTALS					71		0						29.10

EMPLOYEE CERTIFICATION

CERTIFYING OFFICER'S AUTHORIZATION

[REDACTED SIGNATURE AND AUTHORIZATION AREA]

Completion of these boxes is mandatory

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

Please refer to your current payslip

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 **NOVEMBER**

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

NAME **DR JENNIFER ARMSTRONG**
(as per current payslip)

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE **18 RUSSELL HOUSE**

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

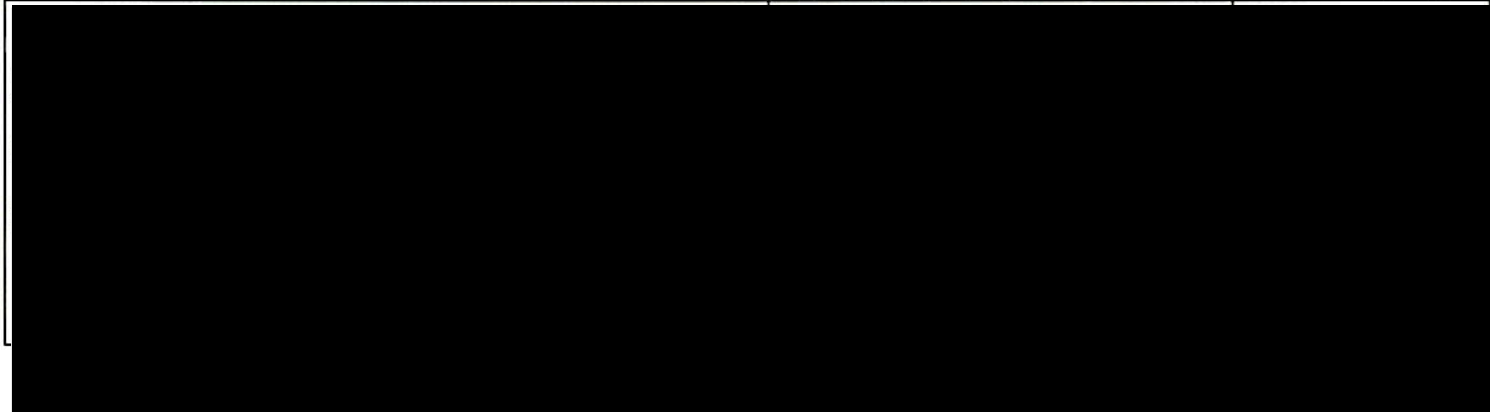
EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE _____ (A)

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	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)		£ (13)	p (14)
02 - Nov	Y	Y		TRAIN TO EDINBURGH								12.60	
03 - Nov	Y	N		UNIVERSITY OF GLASGOW TO BASE	6								
04 - Nov	Y	Y		SCOTTISH HEALTH AWARDS EDINBURGH	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	Y	N		BASE TO QUEH	4								
30 - Nov	N	N		BASE TO QUEH	4								
TOTALS					148	#REF!	0					12.60	



Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly				
Please refer to your current payslip				

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 DECEMBER

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

NAME (as per current payslip)	DR JENNIFER ARMSTRONG
HOME ADDRESS	[REDACTED]
DESIGNATION	MEDICAL DIRECTOR
BASE	[REDACTED]
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	10 RUSSELL HOUSE

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER	[REDACTED]
ENGINE SIZE	[REDACTED]
FUEL TYPE	[REDACTED]
CO2 EMISSIONS LEVEL	[REDACTED]
MOT EXPIRY DATE	[REDACTED]
MAKE AND MODEL	[REDACTED]

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	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OFF OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
02 - Dec		H	H	Train to Edinburgh									12.60
02 - Dec				Taxi									8.00
04 - Dec		N	N	Base to NES	5								
08 - Dec		Y	Y	Home to Gyle Sqyare Edinburgh	91								
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	4								
18 - Dec		N	N	Base to New City Road, Glasgow	3								
21 - Dec		Y	T	Train to Edinburgh									23.10
TOTALS					115	#REF!	0						43.70

Completion of these boxes is mandatory

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

Please refer to your current payroll

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 Jan-2016

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

NAME (as per current payroll) **DR JENNIFR ARMSTRONG**

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE **J B RUSSELL HOUSE**

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

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 HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (3)	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE (5)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)		£ (12)	p (13)
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	6								
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 Inverclyde PA15 1LY	42								
27 - Jan	Y	Y		Drove to Gyle, Edinburgh EH12 9EB	93								
28 - Jan	N	N		Base to Stobhill - Base	10								
TOTALS					184	0	0						23.30

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly	G58	HB	61	G9534154

Please refer to your current payslip

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 **Feb-2016**

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

NAME (as per current payslip) **DR JENNIFER ARMSTRONG**

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE **J B RUSSELL HOUSE**

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

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 + 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	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5)	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED £ P
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE (10)	RETURN (11)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01 - Feb		N	Y	Base to QEUH	3.8							
03 - Feb		N	Y	Base to Yorkhill	2.4							
05 - Feb		N	Y	Train to Edinburgh								23.30
08 - Feb	Y	Y		Home to QEUH the drive to Edinburgh	94							
10 - Feb		N	Y	Base to Yorkhill	2.4							
11 - Feb		N	Y	Base to Inverclyde 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							
17 - Feb		N	Y	Base to University ofGlasgow	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 Kirtlands Hospital then Lilybank Gardens, G12 8RZ	28							
29 - Feb	Y	Y		Base to QEUH	1.7							
TOTALS					250.2	#REF!	0					35.90