

Completion of these boxes is mandatory

Pay Period	Pay Dates	Group Code	Pay Rate	Pay Number (if Abstract)
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 \_\_\_\_\_

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

NAME (as per current payslip) **Alan Cowan**

HOME ADDRESS [Redacted]

DESIGNATION **Non-Executive Board Member**

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	JOURNEY END AT	HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
						FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	
												(8)	(7)
02 - Aug	B				Home - JB Russell House - Home	60							
04 - Aug	B				Fairlie - Glasgow Central - Fairlie (Return Train Journey)								13.50
04 - Aug	B				Glasgow - Queen Elizabeth University Hospital (Bus Journey)								1.90
04 - Aug	B				Queen Elizabeth University Hospital 0 Paisley Rail Station (Bus Journey)								2.50
16 - Aug	B				Fairlie - Cardonald - Fairlie (Return Train Journey)								8.00
23 - Aug	B				Fairlie - Hyndland - Fairlie (Return Train Journey)								8.90
<b>TOTALS</b>						<b>60</b>	<b>0</b>	<b>0</b>					<b>34.80</b>



Completion of these boxes is mandatory

Weeks / Months Paid	Pay Duration	Pay Code	Pay Point	Pay Number (8 characters)

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)

CLAIM FOR THE MONTH OF \_\_\_\_\_

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) **Alan Cowan**

HOME ADDRESS [REDACTED]

DESIGNATION **Non-Executive Board Member**

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	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		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
25/11/16	✓	✓		MEETING - BOARD HQ, RAIL FROM FAIRLIE - HYNDLAND - RETN									6-00
28/11/16	✓	✓		PPC MEETING (VICE CHAIR) FARGUE - GLASGOW (RTN) + SUBWAY									8-90 3-00
29/11/16	✓	✓		SCOTTISH PATIENT SAFETY CONFERENCE FAMILIS - EDINBURGH (RTN)									22-65
5/12/16	✓	✓		'ON BOARD' TRAINING - GLASGOW FAIRLIE - GLASGOW (RTN)									12-00
6/12/16	✓	✓		BOARD SEMINAL - BOARD HQ FAIRLIE - HYNDLAND (RTN)									12-00
19/12/16	✓	✓		Remuneration Committee Fairlie - Hyndland (RTN)									12-00
27/12/16	✓	✓		BOARD MEETING FAIRLIE - CARLISLE (RTN)									8-00
TOTALS					0	0	0						0 00

Completion of these boxes is mandatory

Weekly/Monthly Pay	Pay Duration	Pay Code	Pay Phone	Pay Number (8 characters)
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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 \_\_\_\_\_

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

NAME (as per current payslip) **Alan Cowan**

HOME ADDRESS [REDACTED]

DESIGNATION **Non-Executive Board Member**

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 + B)

CAR CHANGED SINCE LAST CLAIM? YES/NO\*

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

DATE OF CHANGE? / /

DATE	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (8)	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)
09/11/17	✓	✓	BOARD VISIT TO HR / OD TRAIN; FAIRLIE - GLASGOW (RTN)								12-00	12-00
10/11/17			AS ABOVE: Subway TO/FROM KELVIN HALL								3-00	3-00
12/1/17	✓	✓	Clinical & Care Governance Committee TRAIN; FAIRLIE - HYNDLAND (RTN)								9-20	9-20
24/1/17	✓	✓	Inversycle IJB - BOARD MEETING & AUDIT COMMITTEE	34				1400	1845			
25/1/17	✓	✓	Pharmacy Practices Committee Hearing LARGS - FEWICK - LARGS	61				0745	1655			
28/1/17	✓	✓	BOARD EVENT 61 RESERVES QEHM TRAIN/BUS LARGS = £11.20 3 Receipts - £2.50, £6.20, £2.50								11-20	11-20
06/2/13	✓	✓	BOARD SEMINAL TRAIN LARGS - HYNDLAND - LARGS								9.45	9.45
TOTALS				0	0	0						0.00

Total = £44.85

Completion of these boxes is mandatory

Agency / Monthly Part	Rate	Class	Rate	Pay Number
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)

CLAIM FOR THE MONTH OF **FEB - APRIL 2017**

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): **Alan Cowan**

HOME ADDRESS: [REDACTED]

DESIGNATION: **Non-Executive Board Member**

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 + B)

CAR CHANGED SINCE LAST CLAIM? YES/NO \* IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? / /

DATE	MILEAGE 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		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)
5/2/17	✓	✓	✓	ATTENDS PHARMACY PRACTICES COMMITTEE TRAIN FARGUE - GLASGOW UNDERGROUND 1 x RETURN								9.10 3.00
15/2/17		✓	✓	15B Inverclyde - Board Meeting	34				1230	1715		
22/2/17		✓	✓	ATTENDS MEETING - PUBLIC HEALTH COMMITTEE TRAIN LARGS - HYNDALE (RETURN)								12.00
3/3/17				REGIONAL NED EVENT WITH SCOTTISH GOV. (Paul Gray) LARGS - CROSSHURST HOSP - LARGS	50				0850	1100		
7/3/17				BOARDS SEMINAR - BOARDS HQ TRAIN LARGS - HYNDALE (RETURN)								12.00
4/4/17				BOARDS SEMINAR - BOARDS HQ. TRAIN								9.45
3/3/17				BOARDS CE EVENT GIE HOSPITAL TRAIN LARGS - COBURN								5.55
4/4/17				TAXI ANSWERED TO BOARDS HQ. (TRAIN FARGUE AT ANSWERED)								11.00
TOTALS					84	0	0	0				£ 51.10 £ 62.00

