

Weekly / Monthly Paid	Pay Division	Ordn 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)

CLAIM FOR THE MONTH OF Aug 15

**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) John Matthews

HOME ADDRESS [REDACTED]

DESIGNATION Non Executive 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)

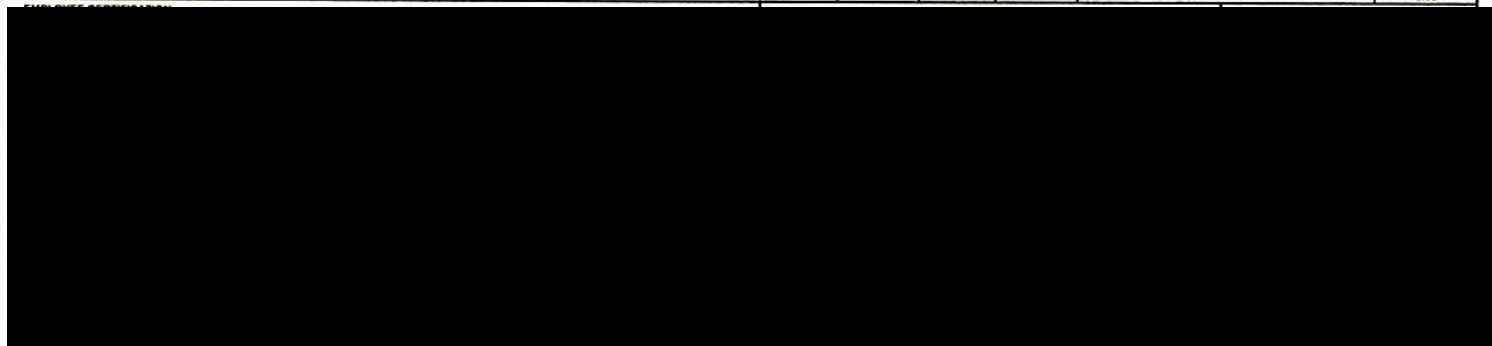
TOTAL MILES / COST \* CLAIMED \_\_\_\_\_ (A x B)

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 (12)	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE (8)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (6)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)		E	P
02 Aug 15	B			Home - J B Russell House - Home	84								
04 Aug 15	B			Home - Queen Elizabeth University Hospital - Home	82								
15 Aug 15	B			Home - William Quarrier Centre - East Renfrewshire LB Giffnock - Home	85								
17 Aug 15	B			Home - East Renfrewshire LB - Home	78								
<b>TOTALS</b>					<b>330</b>	<b>0</b>	<b>0</b>					<b>0.00</b>	



Weekly / Monthly Paid	Pay Division	Grades Code	Pay Point	Pay Number (3 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 \_\_\_\_\_ Sep-16

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

NAME (as per current payroll)	John Matthews
HOME ADDRESS	[REDACTED]
DESIGNATION	Non Executive 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	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
02-Sep-16	B			Home - Glasgow LB Alton St - Home	86								
06-Sep				Home - NHSGGC Board Seminar JBRussell House - Home	84								
07-Sep				Home - NHSGGC Induction JBRussell House - Home	84								
21-Sep				Home - Glasgow LB Board - Home	86								
27-Sep				Home - NHSGGC Audit Com JBRussell House	84								
28-Sep				Home - Glasgow LB Dev Session Alton St - Home	86								
<b>TOTALS</b>					<b>510</b>	<b>0</b>	<b>0</b>					<b>0.00</b>	

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (if applicable)
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TRAVEL & ASSOCIATED EXPENSES CLAIM FORM  
FOR AFC RULES 1ST JULY 2013

NHS  
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)

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: **JOHN MATTHEWS**  
 HOME ADDRESS: [REDACTED]  
 DESIGNATION: **NON EXECUTIVE MEMBER**  
 BASE: \_\_\_\_\_  
 SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: \_\_\_\_\_  
Completion mandatory if any mileage is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

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

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 STARTS AT HOME	JOURNEY ENDS 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		E	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
4/10/10				HOME - JB RUSSELL HOUSE	84				4/10	4/10			
5/10				HOME - EAST RENFREWSHIRE IIR	46				5/10	5/10			
				E/RENFREWSHIRE - JB RUSSELL HOUSE	12								
				HOME AIR	40								
18/10				HOME - JB RUSSELL HOUSE - HOME	80				18/10	18/10			
21/10				HOME - JB RUSSELL HOUSE	40				21/10	21/10			
21/10				JB RUSSELL HOUSE - QUEEN'S CROSS	10								
				HOUSING - HOME	40								
25/10				HOME - JB RUSSELL HOUSE - HOME	80				25/10	25/10			
31/10				HOME - GLASGOW IIR - HOME	86				31/10	31/10			
1/11				HOME - GLENBOICH HOTEL (BOARDS AWAY DAY) - HOME	116				1/11	2/11			
TOTALS					636	0	0	0					

Weekly / Monthly Paid	Pay Amount	Grade Code	Pay Point	Pay Number (8 characters)
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TRAVEL & ASSOCIATED EXPENSES CLAIM FORM  
FOR AFC RULES 1ST JULY 2013

NHS  
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

CLAIM FOR THE MONTH OF NOV 2016

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

NAME JOHN MATTHEWS  
 HOME ADDRESS [REDACTED]  
 DESIGNATION 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	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				EXPENSES				
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	TIME OF DEPARTURE	TIME OF RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
11/11				HOME - QEUH	37								
				QEUH - JBRUSSELL HOUSE	6								
				JBRUSSELL HOUSE - HOME	42								
14/11				HOME - JBRUSSELL HOUSE									
				JBRUSSELL HOUSE - HOME	84								
17/11				JBRUSSELL HOUSE -> HOME	84								
23/11				HOME - EAST RENF JBR BAKHEAD	31								
				BAKHEAD - JBRUSSELL HOUSE	12								
				JBRH - HOME	42								
28/11				HOME - STOBHILL									
				STOBHILL - HOME	88								
TOTALS					476	0	0						0.00

CERTIFYING OFFICER'S AUTHORIZATION

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
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TRAVEL & ASSOCIATED EXPENSES CLAIM FORM  
FOR AFC RULES 1ST JULY 2013

NHS  
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)

CLAIM FOR THE MONTH OF DECEMBER '17

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): JOHN MATTHEWS

HOME ADDRESS: [REDACTED]

DESIGNATION: NON EXECUTIVE

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-OFF OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		E	P
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
5/12				HOME - STENICHT'S SQ (ESSENTIAL SKILL FOR BOARD MEM)	80								
6/12				HOME - JB RUSSELL HOUSE - MARYHILL HEALTH CENTRE	90								
8/12				HOME - LIGHBURN HOSP	88								
9/12				HOME - GLASGOW JB ALBION ST	86								
13/12				HOME - JB RUSSELL HOUSE BOARD AUDIT COM.	84								
19/12				HOME - JB RUSSELL HOUSE REMUNERATION COM.	84								
20/12				HOME - Wm QUARRIE COM LOVAN BOARD	86								
TOTALS					598	0	0	0					

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

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

NHS  
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

CLAIM FOR THE MONTH OF January 2017

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

NAME (as per current payslip): JOHN MATTHEWS

HOME ADDRESS: [REDACTED]

DESIGNATION: NON EXECUTIVE DIRECTOR

BASE: \_\_\_\_\_

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: \_\_\_\_\_

Completion mandatory if any mileage is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: \_\_\_\_\_

FUEL TYPE: \_\_\_\_\_

CO2 EMISSIONS LEVEL: \_\_\_\_\_

MOT EXPIRY DATE: \_\_\_\_\_

MAKE AND MODEL: \_\_\_\_\_

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-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)
10/1				HOME - GLASGOW IJB (ALBION ST)									
				HOME →	81								
18/1				HOME - GLASGOW IJB (ALBION ST)									
				HOME →	81								
23/1				HOME - EAST RENFREWSHIRE (EASTWOOD HEALTH CENT)									
				HOME →	76								
25/1				HOME - JB RUSSELL HOUSE									
				HOME →	84								
TOTALS					0	0	0					0.00	

322

CONTROLLING OFFICER'S AUTHORIZATION

Weekly / Monthly Paid	Pay Option	Group Code	Pay Point	Pay Number (3 characters)
Monthly				

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

NHS  
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)

CLAIM FOR THE MONTH OF FEB 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 payroll): JOHN MATTHEWS

HOME ADDRESS: [REDACTED]

DESIGNATION: [REDACTED]

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) \_\_\_\_\_

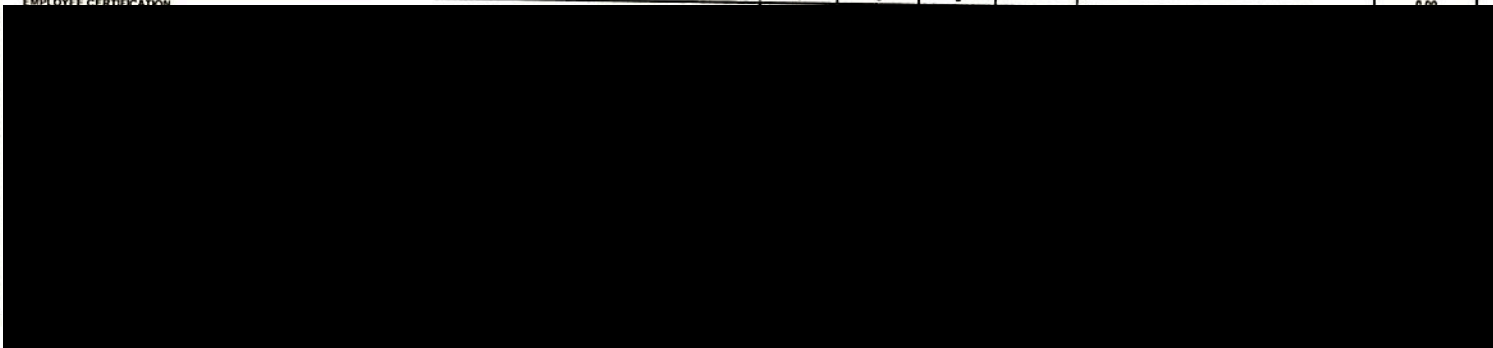
CAR CHANGED SINCE LAST CLAIM? YES/NO\*

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

DATE OF CHANGE? / /

DATE	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	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
7/2				HOME - JB RUSSELL HOUSE GAC SEMINAR - HOME	84								
14/2				HOME - EAST RENFREWSHIRE ITB (CLARKSTON) <del>HOME</del> FINANCE & PLANNING Com JB RUSSELL HOUSE - HOME	76								
15/2				HOME - GLASGOW ITB (ALBION ST) - HOME	81								
21/2				HOME - GAC BOARD/COM QUARRER CENTRE	86								
22/2				HOME - JB RUSSELL HOUSE PUBLIC HEALTH Com - HOME	84								
27/2				HOME - QEUH Com Annual Report - HOME	82								
TOTALS					505								

EMPLOYEE CERTIFICATION



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

NHS  
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)

CLAIM FOR THE MONTH OF MARCH 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 payroll) JOHN MATTHEWS  
HOME ADDRESS [REDACTED]  
DESIGNATION [REDACTED]  
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	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	
					FULL JOURNEY MILEAGE (8)	CALL-OFF OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (9)	OFFICIAL USE ONLY (10)	DEPARTURE (10)	RETURN (11)		£	p
3/3				HOME - NON EXEC CONFERENCE @ CROSSHOUSE Hosp	34								
6/3				HOME - ACUTE HEARTH IMPROVEMENT JB RUSSELL House - HOME	84								
7/3				HOME - SEMINAR JB RUSSELL Hs - HOME	84								
14/3				HOME - JB RUSSELL House (AUDIT COMMITTEE) HOME	84								
15/3				HOME - GLASGOW IJB (ALBION ST) - HOME	81								
16/3				HOME - CONFERENCE RABISSON HOTEL / CENTRE FOR POP HEALTH HEALTHIER FUTURE FORUM. HOME	80								
22/3				HOME - PUBLIC ENGAGEMENT COMMITTEE (ALBION ST) JB RUSSELL House PUBLIC HEALTH MEETING LINDA DR CAE STEVEN HOME	40								
29/3				HOME - EXIT REVIEW IJB AUDIT + BOARD (BARHEAD) HEALTH SCOTLAND (MEETING) HOME	31								
TOTALS					614								

EMPLOYEE CERTIFICATION

0.00