

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				

CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF AUGUST

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME **DR JENNIFER L ARMSTRONG**

HOME ADDRESS [REDACTED]

DESIGNATION **MEDICAL DIRECTOR**

BASE J B RUSSELL HOUSE GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES) [REDACTED]

NB EMERGENCY CALL-OUT JOURNEYS: Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time.

VEHICLE / USER DETAILS

USER TYPE [REDACTED]

ENGINE SIZE (cc) OF VEHICLE USED [REDACTED]

LEASED CARS ONLY

CAR REGISTRATION NUMBER [REDACTED]

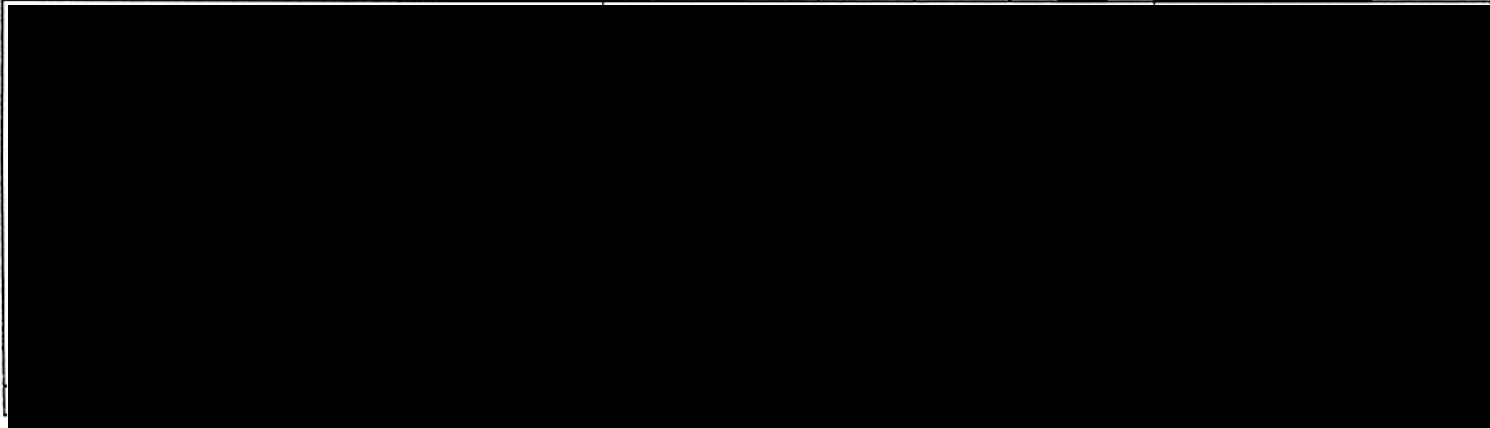
ODOMETER READING AT: END OF MONTH [REDACTED], START OF MONTH [REDACTED]

BUSINESS MILES [REDACTED]

PRIVATE MILES [REDACTED]

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY _____ DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSTANCE		OTHER EXPENSES (PLEASE DETAIL)
			A	B	C	D				CLAIMED £	P	
01/08	B	Home to QEUH										
03/08	B	Train to Edinburgh								12	60	
04/08	B	Base to QEUH										
08/08	B	Base to QEUH to Central Quay Glasgow										
09/08	B	Train to Edinburgh								23	30	
15/08	B	Base to RAH to Base										
16/08	B	Home to Kenneth Dr, Glasgow to QEUH										
19/08	B	Base to New City Road, Glasgow										
22/08	B	Base to Kenneth Dr, Glasgow										
26/08	B	Base to QEUH										
						TOTAL	233.6			38	40	



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CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF SEPTEMBER

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip) DR JENNIFER L ARMSTRONG

HOME ADDRESS _____

DESIGNATION MEDICAL DIRECTOR

BASE J B RUSSELL HOUSE GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES) _____

NB EMERGENCY CALL-OUT JOURNEYS. Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time.

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

ODOMETER READING AT _____

END OF MONTH _____

START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	EXPENSES			
			A	B	C	D		E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED £	P OTHER EXPENSES (PLEASE DETAIL)
02/09	B	Base to QUEH				3.6					
05/09	B	Drove to Edinburgh EH12 9EB				91.8					
09/09	B	Home to RAH to Base				20					
13/09	B	H to QUEH to Base				6					
19/09	B	Base to Yorkhill				2.4					
27/09	B	Base to Glynhill Hotel, Paisley				7.9					
28/09	B	H to Edinburgh							23	30	
30/09	B	Drove to Edinburgh EH3 9DN				98					
TOTAL						229.7			23	30	

Completion of these boxes is mandatory

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Please refer to your current payslip				

CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF OCTOBER

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME DR JENNIFER L ARMSTRONG

BASE J/B RUSSELL HOUSE, GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES) _____

DESIGNATION MEDICAL DIRECTOR

NB EMERGENCY CALL-OUT JOURNEYS: Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

CODMETER READING AT _____

END OF MONTH _____

START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY _____ DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	EXPENSES				OTHER EXPENSES (PLEASE DETAIL)
			A	B	C	D		E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED £	P	
03/10	B	Home to RAH back to base				19.9						
05/01	B	Base to GRI				4.1						
13/10	B	Home to Edinburgh								23	30	
17/10	B	Home to Glasgow Uni back to base				6.8						
26/10	B	Ibrox underground to Beardmore				7.7						
31/10	B	Home to University of Strathclyde to Beardmore, Clydebank				14.8						
13/10	B	Taxi								11	00	
						TOTAL	53.3			34	30	

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CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF NOVEMBER

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME DR JENNIFER L ARMSTRONG

BASE JB RUSSELL HOUSE, GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES) _____

DESIGNATION MEDICAL DIRECTOR

NB EMERGENCY CALL-OUT JOURNEYS: Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time.

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

ODOMETER READING AT _____

END OF MONTH _____

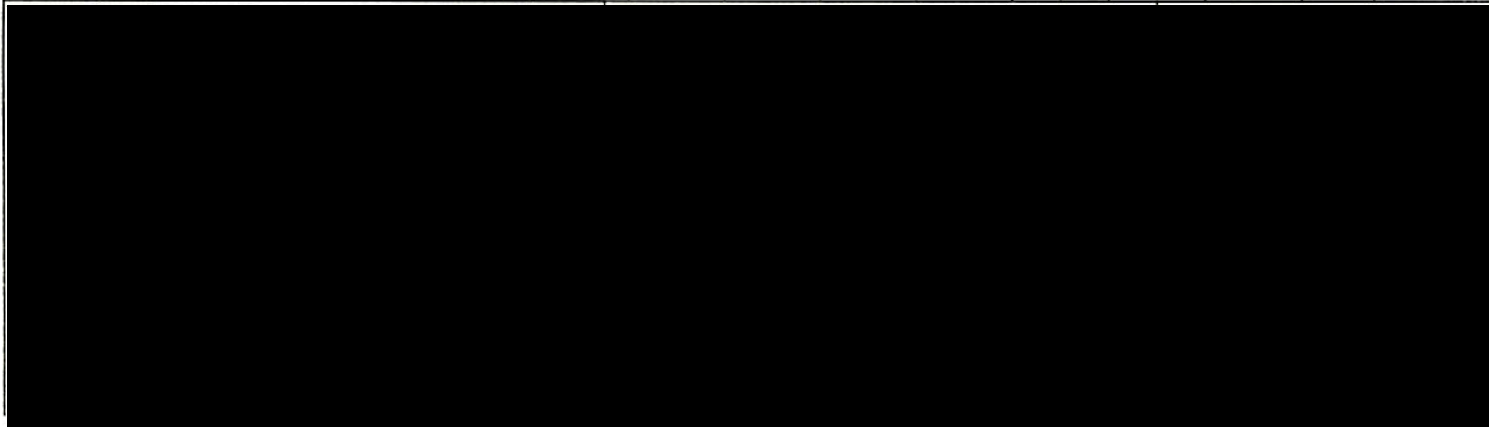
START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY _____ DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	EXPENSES				
			A	B	C	D		E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED		OTHER EXPENSES (PLEASE DETAIL)
01/11	B	Home to Gleddoch Hotel, PA14 6YE & Return				30.6						
03/11	B	Home to QEUH back to Base				8.2						
04/11	B	Train to Veterans Meeting Edinburgh								23	30	
14/11	B	Base to RAH				11						
						TOTAL	49.8			23	30	



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Monthly				
Please refer to your current payslip				

CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF January 2017

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME DR JENNIFER L ARMSTRONG

BASE J.B.RUSSELL HOUSE, GARTNAVEL

HOME ADDRESS _____

HOME TO MAIN HOSPITAL (RETURN MILES) _____

DESIGNATION MEDICAL DIRECTOR

NB EMERGENCY CALL-OUT JOURNEYS: Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time.

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

ODOMETER READING AT _____

END OF MONTH _____

START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY _____ DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	EXPENSES				OTHER EXPENSES (PLEASE DETAIL)
			A	B	C	D		E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE		
										F	P	
09/01	B	Base to Inverclyde, PA16 8NG - Base				42.6						
11/01	B	Base to Inverclyde, PA16 8NG				42.6						
13/01	B	Base to Yorkhill				2.4						
17/01	B	Base to Paisley PA1 2DB				8.2						
18/01	B	Base to Inverclyde				23.1						
19/01	B	Train to Edinburgh							23	80		
20/01	B	Home to Paisley PA1 2DB then New City Road, Glasgow				31.3						
23/01	B	Base to Yorkhill				2.4						
26/01	B	Home to GRI - then Base				9.1						
27/01	B	Base to QEUH				3.6						
						TOTAL	165.3					



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CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF February 2017

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME DR JENNIFER L ARMSTRONG

BASE J B RUSSELL HOUSE, GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES) _____

DESIGNATION MEDICAL DIRECTOR

NB EMERGENCY CALL-OUT JOURNEYS. Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time.

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

ODOMETER READING AT _____

END OF MONTH _____

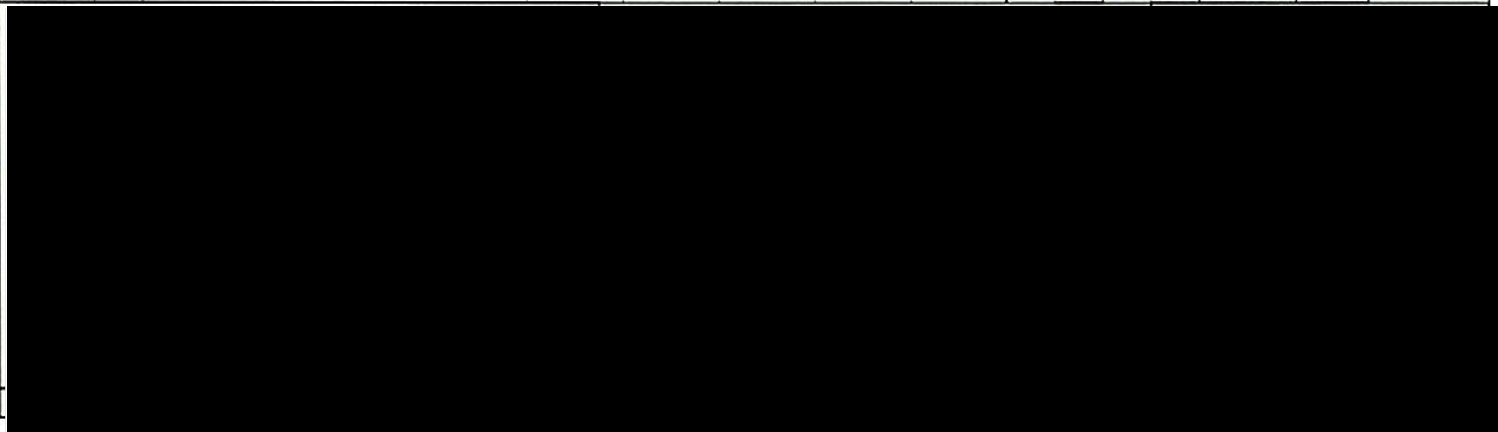
START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY _____ DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	EXPENSES				
			A	B	C	D		E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED		OTHER EXPENSES (PLEASE DETAIL)
02/02	B	Home to GRI				4.1						
09/02	B	Base to Woolfson then QEUH				6.6						
21/02	B	Home to Quarriers Epilepsy Centre				1.9						
27/02	B	Home to QEUH then Base				7.8						
						TOTAL	20.4					



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CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



EMPLOYER _____
(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO GUIDANCE NOTES)

CLAIM FOR THE MONTH OF March 2017

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME: DR JENNIFER L ARMSTRONG

BASE: J B RUSSELL HOUSE GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES): _____

DESIGNATION: MEDICAL DIRECTOR

NB EMERGENCY CALL-OUT JOURNEYS: Where indicated 'X' I certify that advice on the handling of the emergency was given on the telephone before starting my emergency call-out journeys and I accepted full responsibility for these aspects appropriate to my duties from that time

VEHICLE / USER DETAILS

USER TYPE _____

ENGINE SIZE (cc) OF VEHICLE USED _____

LEASED CARS ONLY

CAR REGISTRATION NUMBER _____

ODOMETER READING AT: _____

END OF MONTH START OF MONTH _____

BUSINESS MILES _____

PRIVATE MILES _____

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY OR DESCRIPTION OF CLAIM	MILEAGE				TAXABLE	E PUBLIC TRANSPORT FARES		F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED		OTHER EXPENSES (PLEASE DETAIL)
			A	B	C	D		£	p		£	p	
09/03	B	Train to Perth									15	80	
10/03	B	Train to Edinburgh									23	80	
14/03	B	Home to QEUH - Base				7.8							
15/03	B	Train to Edinburgh									23	80	
22/03	B	Train to Edinburgh									23	80	
		Taxi									7	00	
29/03	B	Base to QEUH then RAH				16							
						TOTAL	23.8				94.2		