(	Completi	on of th	ese boxes i	s mandatory
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly				
	Pleas	e refer t	o your curre	nt payslip

**EMPLOYER** 

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



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

DESIGNATION

**AUGUST** 

EMPLOYEE DETAILS	(Please use BLOCK CAPITALS)	
NAME	DR JENNIFER L ARMSTRONG	
(as per current payslip)		
HOME ADDRESS		

MEDICAL DIRECTOR

BASE

J B RUSSELL HOUSE, GARTNAVEL

HOME TO MAIN HOSPITAL (RETURN MILES)

L

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

COOMETER END OF MONTH
READING AT

START OF MONTH
BUSINESS MILES

											PRIVATE MILE		
AR CHAN	IGED SIN	CE LAST CLAIM?	IF 'YES	S' PLEASE AT	ТАСН А СОР	Y OF YOUR I	NSURANCE	POLICY		D	ATE OF CHANG	?	
	2 2	DETAILS OF JOURNEY			MILEAGE						EXPENSES		-4
DATE	FOR JOURNEY	OR DESCRIPTION OF CLAIM	A	В	С	D	TAXABLE	E PUBLIC TRANSPORT FARES	DEP.	TIME OF ARTURE TURN	G SUBSISTA CLAIMED	NGE P	OTHER EXPENS
01/08	В	Home to QEUH											
3/08	В	Train to Edinburgh									12	60	
1/08	В	Base to QEUH										5	
8/08	В	Base to QEUH to Central Quay Glasgow											
9/08	В	Train to Edinburgh									23	30	
5/08	В	Base to RAH to Base											
6/08	В	Home to Kenneth Dr, Glasgow to QEUH											
9/08	В	Base to New City Road, Glasgow									1		
2/08	В	Base to Kenneth Dr, Glasgow											
6/08	В	Base to QEUH											
_			N. S.						_				
		• 200 A. 19 20 Margar Committee (A) 10 A											
									1				9
							•						
		. /											
~	+												
					TOTAL	233.6				i ii	38	40	

Completion of these boxes is mandatory								
Weekly / Monthly .	Pay	Group	Pay	Pay Number				
Paid	Division	Code	Point	(6 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

SEPTEMBER

EMPLOYEE DETAILS	S (Please use BLOCK CAPITALS)		VEHICLE / USER DETAILS
NAME (as per current payslip) HOME ADDRESS	DR JENNIFER L ARMSTRONG	BASE  JB RUSSELL HOUSE GARTNAVEL  HOME TO MAIN HOSPITAL  (RETURN MILES)	USER TYPE ENGINE SIZE (cc) OF VEHICLE US LEASED CARS ONLY CAR REGISTRATION NUMBER
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.	ODOMETER END OF MONTH READING AT START OF MONTH BUSINESS MILES
			PRIVATE MILES

		DETAILS OF JOURNEY			MILEAGE					EXPENSES		
DATE	FOR	OR DESCRIPTION OF CLAIM	A	В	С	D	TAXABLE	E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTAL		OTHER EXPENSE (PLEASE DETAIL)
02/09	В	Base to QUEH				3.6						
05/09	В	Drove to Edinburgh EH12 9EB				91.8						
9/09	В	Home to RAH to Base				20						
13/09	В	H to QEUH to Base				6				24		(it
19/09	В	Base to Yorkhill				2.4						
27/09	В	Base to Glynhill Hotel, Paisley				7.9						
28/09	В	H to Edinburgh								23	30	
30/09	В	Drove to Edinburgh EH3 9DN				98						
						1						
		<u>.</u>									-	
									$\downarrow \uparrow \uparrow$			
						3 						
					TOTAL	229.7				23	30	$\rightarrow$

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

**EMPLOYER** 

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



CLAIM FOR THE MONTH OF OCTOBER

MPLOYEE DETAILS	(Please use BLOCK CAPITALS)			
IAME	DR JENNIFER L ARMSTRONG	BASE	JB RUSSELL HOUSE, GARTNAVEL	
as per current payslip)		HOME TO	MAIN HOSPITAL	
HOME ADDRESS		RETURN		
		NB EMERGEN	ICY CALL-OUT JOURNEYS: Where indica	ted 'X'
	MEDICAL DIRECTOR	I certify that ad	vice on the handling of the emergency was ne before starting my emergency call-out to	given
ESIGNATION	MEDICAL DIRECTOR		full responsibility for these aspects approp	

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED

LEASED CARS ONLY

CAR REGISTRATION NUMBER

CDOMETER END OF MONTH

READING AT

START OF MONTH BUSINESS MILES

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

	- A	DETAILS OF JOURNEY			MILEAGE							EXPENSES		
DATE	FOR FOR JOURNEY	OR DESCRIPTION OF CLAIM	A	В	С	D	TAXABLE	E PUBLIC TRANSPOR FARES		F TIME EPARTU RETUR		G SUBSISTAN	CE P	OTHER EXPENSE [PLEASE DETAIL)
03/10	В	Home to RAH back to base				19.9								
5/01	В	Base to GRI				4.1								
3/10	В	Home to Edinburgh										23	30	
7/10	В	Home to Glasgow Uni back to base				6.8								
6/10	В	Ibrox underground to Beardmore				7.7								
1/10	В	Home to University of Strathclyde to Beardmore, Clydebank				14.8								
3/10	В	Taxi										11	00	V
														<b>—</b>
												,		
								-				Z		
											Ш			
					101717-1-1077									
											T			
									1					
									7	-				
/_	-				TOTAL	53.3			$\neg$			34	30	

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

EMPLOYER

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



CLAIM FOR THE MONTH OF NOVEMBER

EMPLOYEE DETAIL	S (Please use BLOCK CAPITALS)	
NAME	DR JENNIFER L ARMSTRONG	BASE  J B RUSSELL HOUSE, GARTNAVEL
(as per current payslip)	3.	HOME TO MAIN HOSPITAL
HOME ADDRESS		(RETURN MILES)
		NB EMERGENCY CALL-OUT JOURNEYS. Where indicated 'X'
		certify that advice on the handling of the emergency was given
DESIGNATION	MEDICAL DIRECTOR	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

COOMETER END OF MONTH
READING AT

START OF MONTH

BUSINESS MILES

PRIVATE MILES

		CE LAST CLAIM?											
	N A	DETAILS OF JOURNEY			MILEAGE						EXPENSES		
DATE	REASON FOR JOURNEY	OR DESCRIPTION OF CLAIM	A	В	С	D	TAXABLE	E PUBLIC TRANSPORT FARES	DEPART	E OF TURE RN	G SUBSISTAN	CE P	OTHER EXPENSES (PLEASE DETAIL)
01/11	В	Home to Gleddoch Hotel, PA14 6YE &Return				30.6							
03/11	В	Home to QEUH back to Base				8.2							
04/11	В	Train to Veterans Meeting Edinburgh									23	30	
14/11	В	Base to RAH				11							
												/	
		2											
		9											
	$\vdash$												
						Jr							
										-7240		,	
	1												
					TOTAL	49.8					23	30	

	Completi	on of th	ese boxes i	s mandatory
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly				

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  JB RUSSELL HOUSE GARTNAVEL
as per current payslip)		HOME TO MAIN HOSPITAL
HOME ADDRESS		(RETURN MILES)
		NB EMERGENCY CALL-OUT JOURNEYS. Where indicated "X"
DESIGNATION	MEDICAL DIRECTOR	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 END OF MONTH READING AT START OF MONTH BUSINESS MILES PRIVATE MILES

		DETAILS OF JOURNEY	MILEAGE				EXPENSES							
DATE	FOR JOURNEY	OR DESCRIPTION OF CLAIM	А	В	С	D	TAXABLE	E PUE	BLIC	F TIME O	RE	G SUBSISTAN	CE P	OTHER EXPENSES (PLEASE DETAIL)
09/01	В	Base to Inverciyde, PA16 8NG - Base				42.6			R				li di	
11/01	В	Base to Inverciyde, PA16 8NG				42.6					-/1/-			
13/01	В	Base to Yorkhill				2.4								
17/01	В	Base to Paisley PA1 2DB				8.2								
18/01	В	Base to Inverciyde				23.1						=		
19/01	В	Train to Edinburgh										23	80	
20/01	В	Home to Paisley PA1 2DB then New City Road, Glasgow				31.3								
23/01	В	Base to Yorkhill				2.4								
26/01	В	Home to GRI - then Base				9.1								
27/01	В	Base to QEUH				3,6								
	+								_					
									-					
											_		-	-
					TOTAL	165.3								

	Completi	on of th	ese box	es is mandatory
Weekly / Monthly Paid	Pay	Group	Pay Point	Pay Number (8 characters)
	Pleas	se refer t	o your ca	urrent payslip
CLAIM FOR	THE M	ONTH (	ne ne	February 2017



<b>EMPLOYEE DETAILS</b>	(Please use BLOCK CAPITALS)		VEHICLE / USER DETAILS
NAME (as per current payslip) HOME ADDRESS	DR JENNIFER L ARMSTRONG	BASE  JB RUSSELL HOUSE GARTNAVEL  HOME TO MAIN HOSPITAL  (RETURN MILES)	USER TYPE  ENGINE SIZE (cc) OF VEHICLE USED  LEASED CARS ONLY  CAR REGISTRATION NUMBER
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	ODOMETER END OF MONTH READING AT START OF MONTH BUSINESS MILES
			PRIVATE MILES

CAR CHAN	IGED SIN	CE LAST CLAIM?	IF 'YES	PLEASE AT	TACH A COPY	OF YOUR IN	SURANCE	POLICY		DATE OF CHANGE?				
	- >	DETAILS OF JOURNEY			MILEAGE			EXPENSES						
DATE	REASON FOR JOURNEY	OR DESCRIPTION OF CLAIM	A	В	С	D	TAXABLE	E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTANCE CLAIMED	OTHER EXPENSES (PLEASE DETAIL)			
02/02	В	Home to GRI	2/			4.1	9							
09/02	В	Base to Woolfson then QEUH				6.6								
21/02	В	Home to Quarriers Epilepsy Centre				1.9								
27/02	В	Home to QEUH then Base				7.8								
										-				
											640			
											1			
						- 35								
		/												
	-				TOTAL	20.4								

	Completi	on of th	ese boxes i	s mandatory
Weekly / Monthly	Pay	Group	Pay	Pay Number
Paid	Division	Code	Point	(8 characters)

CONSULTANT/ASSOCIATE SPECIALIST E	XPENSES	FORM
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**EMPLOYER** 

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



CLAIM FOR THE MONTH OF	March 2017

DESIGNATION

EMPLOYEE DETAILS	(Please use BLOCK CAPITALS)	
NAME	DR JENNIFER L ARMSTRONG	
(as per current payslip)		
HOME ADDRESS		
DESCRIPTION	MEDICAL DIRECTOR	

BASE

JB 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 leiephone 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 CHAN	IGED SIN	CE LAST CLAIM?	IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE?									
	2 5	DETAILS OF JOURNEY	MILEAGE				EXPENSES					
DATE	REASON FOR JOURNEY	OR DESCRIPTION OF CLAIM	А	В	С	D	TAXABLE	E PUBLIC TRANSPORT FARES	F TIME OF DEPARTURE & RETURN	G SUBSISTAN	ICE P	OTHER EXPENSES (PLEASE DETAIL)
09/03	В	Train to Perth								15	80	
10/03	В	Train to Edinburgh								23	80	
14/03	В	Home to QEUH - Base				7.8						· Mary Laborate
15/03	В	Train to Edinburgh								23	80	
22/03	В	Train to Edinburgh								23	80	
		Taxi								7	00	
29/03	В	Base to QEUH then RAH				16						
245	-											
									-			
											-	
		V V								-		
				<u> </u>								
	0				TOTAL	23.8				94.2		-