

CONSULTANT/ASSOCIATE SPECIALIST EXPENSES FORM



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				

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	

