

Completion of these boxes is mandatory

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (3 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 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 **Jul 2017**

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

NAME (as per current payslip) **Audrey Thompson**

HOME ADDRESS [Redacted]

DESIGNATION **Non-executive director**

BASE **West Glasgow ACH**

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? NO \* IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START 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
28 - Jul	B			WG ACH - Dumbarton Council Garshake Rd - WG ACH (induction meeting Beth Culshaw)	27								
TOTALS					27	0	0						0.00