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 HMAD STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

10011 7011	DRIVERS OR HMAD STAFF) BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYE	SCOTLAND
EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)
MATTHE WS	CAR REGISTRATION MANDER	TEMPORARY / PERMANENT * CHANGE OF BASE
HOME ADDRESS .	ENGINE SIZE	EXCESS RETURN MILEAGE / COST • FOR HOME TO BASE (A)
	FUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)
DESIGNATION NON EXECUTIVE DIRECTOR	COZ EMISSIONS LEVEL	TRACELED/COMES
SINGLE DISTANCE FROM HOME TO	MOT EXPIRY DATE	TOTAL MILES / COST * (A x
PERMANENT WORKPLACE MILES	MAKE AND MODEL	
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	2 & L.				AGE				EXPENSES	
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<u> </u>		(Meeting Huno Macpherson)			//					
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		254								
7/4		HOME - JB RUSSELL HOUSE JOHN HAMILTON)-HOME								
17		LOUN AAMILTON LLINE	84							
		Control of Direction	UT							
10/		Home - JB Russell House								
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Ny Pey Group Pey Division Code Point

BASE

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 MAY 2017 VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) mandatory. Please use BLOCK CAPITALS) JOHN MATTHEWS HOME ADDRESS FUEL TYPE COZ EMSSIONS LEVEL DESIGNATION TOTAL MILES / COST . MOT EXPRIY DATE Completion mandatory if any mileage is being claimed. SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES MAKE AND MODEL

CAR CHANGED SINCE LAST CLAIM? YES/NO IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? DETAILS OF JOURNEY REASON FOR JOURNEY STARTAT HOME JOURNEY FINAL HOME DETALS OF BUBBISTENCE OR OTHER EXPENSES CLAMED (INCLUDING NAMES OF PASSENGERS PASSENGER MLEAGE [13] HOME - GALLE HOTEL (MOST Alan lowar VC CEMULERATION Commentee HOWE IBRUSEU HOUSE HOME EAST las IJB SEWMAN HOME TOTALS 0.00

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

SCOTLAND

JUNE ZOIT CLAIM FOR THE MONTH OF

NAME (as per current payslip) HOME ADDRESS

DESIGNATION BASE

NON EXECUTIVE

R REGISTRATION NUMBER	TEMPORARY / PERMAN	INT CHANGE OF BA	36
e size	EXCESS RETURN MILEA COST * FOR HOME TO B		(A)
TYPE			
	TRAVELLED / CLAIMED		(B)
SSIONS LEVEL			
PRY DATE	CLAIMED COST		(A . B

	CE FROM HOME TO DRKPLACE MILES		MAKE AND MOD	EL							
CAR CHANGED S	SINCE LAST CLAIM? YE	s/No* IF1	ES' PLEASE AT	TTACH A COPY OF YOUR INSURANCE POLICY					DATE OF CHANGE?		
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~"i.	[2] (3) (4)	OR DESCRIPTION OF CLAM	[6]	[7]	[8]	(a)	[10]	[11]	(12)	(1.3) p	
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-		(MT INEQUALITIES)	84								
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l l		WILLAM COUNTRACT Con Charac	86								
		(BONCE MEETINZ)									
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- ((AUDIT CEMINITEE)	84				8				
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()		(BOARD WEETING)									
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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 HMAD STAFF)

SCOTLAND

CLAIM FOR THE MONTH OF JULY 2017	DRIVERS OR HM&D STAFF) ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYS		SCOTL	AND
EMPLOYEE DETAILS (Completion of these fields are mandatory, Please	e use BLOCK CAPITALS) VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See	Guidance)	
NAME (as per current payalle)	CAR RECUSTRATION NAMEER	TEMPORARY / PERMANENT	* CHANGE OF	BASE
HOME ADDRESS	ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE		(A)
DESIGNATION NON EXECU	TIVE DIRECTOR COTEMSSONSLEVEL	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED		(B)
BASE	MOT EXPRIT DATE	TOTAL MILES / COST *		(A * 5
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	MAKE AND MODEL			
CAR CHANGED SINCE LAST CLAIM? YES/ NO *	F 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY	DATE OF CHANGE?	1	1

ERMANENT WORKPLACE MILES			MAKE AND MOD	DEL					
AR CHANGED SINCE LAST CLAIM? YE	p wor serve	S' PLEASE ATT	ACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE? /	1
SCARTA TOURING TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	DETALS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER WLEASE	OFFICIAL USE ONLY	CEPARTURE		EXPENSES DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAM
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T, I	Home - JB Russer House (meeting with Chair) - Hows								
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10	. 00 65 6 165	0							
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	- Home								
24/2	Home - JB Cuerry House							100 April 17 (10 30 - 10 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	
	HOME - TB CUSSEU HOUSE PUBLIC HEALTH TEAM MEETING, - HOME	184							
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Pay Group Pay

(as per current payslip)

HOME ADDRESS

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 HMAD STAFF)

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / (A)

NO OF DAYS / OCCASIONS
TRAVELLED / CLAIMED (B)

August 2017 CLAIM FOR THE MONTH OF

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

NAME

SHA MATTHEWS

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

ENGINE SIZE FUEL TYPE

CAR REGISTRATION NUMBER

Nŀ	IS
SCOT	LAND

DESIGNATION BASE	Production (Control of Control of				COZ EMSSIONS L	EVEL			TOTAL MILES/COST* (A x E		
SINGLE DISTAN	CE FROM	HOME TO			MOT EXPIRY DAT	t			CLAIMED		
PERMANENT W					MAKE AND MOD	DEL					
CAR CHANGED	SINCE LA	ST CLAIM? YE	SINO* FIN	S' PLEASE ATT	ACH A COPY OF	YOUR INSURAN	CE POLICY		DATE OF CHANGE? /		
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iP	7	(3) (4)	Home - JB Russen House		n_	[8]	[9)	[10] [11]	[12]	[13]	
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			(GAC SEMINAM) -	COL							
			Home	84			THE SERVE				
210			16 (105 1 2 5								
3/8			Home - GOLBEN SIBNEE	() -							
			CONFONENCE HOTEL	98							
			1CLYDESANK								
		(REGIONALIZATION CONSULTATION)							
			- HOME								
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14/8	5		Home - win businer								
1			COM CENTRE (GGC BOARD)	86							
			(GIL ROARD)								
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16	18		HOME - EAST REN								
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31/	8		HOLE- WESTWAND HOUSE								
ι			HORE-WESTWARD HOUSE PRISIEJ (E-HEALTH Stefan Mchean)	15							
			Mchedy)						The street in the street of th		
			(meet be dianistré ?	82			20			(F)2847.5744. P. 1027. 188	
			MCCANTNEY - HOME			5	29				
	10		TOTALS /	0	0	-				0.00	

DESIGNATION

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

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

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 HMAD STAFF) CLAIM FOR THE MONTH OF SEPTEMBER 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) JOHN MATTHEWS CAR REGISTRATION NUMBER HOME ADDRESS ENGINE SIZE

NON EXECTIVE DIRECTOR

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE EXCESS RETURN MILEAGE / UEL TYPE NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED COZ EMISSIONS LEVEL TOTAL MILES / COST . MAKE AND MODEL

CAR CHANGED SINCE LAST CLAIM? YES! NO DATE OF CHANGE? ELISTA CURRET TARTAT HOVE COURSEY FINDAT HOVE NCLUDING NAMES OF PASSENGERS OFFICIAL USE ONLY DETALS OF SUBSISTENCE OR OTHER
EXPENSES CLAMED (13) HOME - JB RISSEUHOUSE SEMINIAN) HOME 84 HOME - WESTWARD HOUSE 42 (E HEARTH) EAST REN 1JB(EASTWOOD) (0 35 Home - TBRUSSER HOUSE (Autor + Risk Com)-Have 84 HOUE- GLASHOWITS 20/9 (MBION ST) 40 JB Russen (AGENDA MEGTOWS RURIC HEARTH 42 HOME - GLAGEOR 84 EDINBURGH/HEARTH Scot ANUAL REVIEW) TRAIN RT 23.8 HOME - EAT REW (1313 27/9 AUNT Com BAYCHEAD 66 HOME HOME - JB RUSSELL HOUSE 28/9 84 PRE MEETING RE CAR SEE VISIT Home - PHING CONFERENCE PUREL HEMITH WNIETTHAN 661 GLASGOW

SCOTLAND

040BEA 2017

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

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ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

EMPLOYEE DETAILS (Comp	letion of these fields are mandatory. Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)		
NAME (as per current payslip)	JOHN MATTHEWS	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE		
HOME ADDRESS		ENGINE SIZE	EXCESS RETURN MILEAGE / (A)		
		PUELTYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)		
DESIGNATION	NO'N EXECUTIVE ARECTOR	CO2 EMSSIONS LEVEL	The state of the s		
BASE		MÖT EXPIRY DATE	CLAIMED (A . B		
SINGLE DISTANCE FROM HOME TO	Completion mandatory if any mileage is being claimed				

SINGLE DISTA PERMANENT V	NGE FROM VORKPLAC	HOME TO	Completion mandatory if any mileage is being claimed.		MAKE AND MOD	DEL						
CAR CHANGE	SINCE LA	AST CLAIM? YE	S/NO. R-71	ES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY	DATE OF CHANGE? / /				
	z 2	L. I.	DETAILS OF JOURNEY		MILE	AGE				EXPENSES		
DATE	REAL STORY	START A HOME LOURNE END AT HOME	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE	PASSENGER MLEAGE	OFFICIAL USE ONLY		e of	DETALS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED	
m	121	(2) (4)	OR DESCRIPTION OF CLAM (5.1)	161	RATE MLEAGE	[8]	[9)	DEPARTURE [10]	WETURN [11]	[12]	£ 2 [13]	
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3/1	6		HOME - (FINANCE + PLANNIA JB RUSSEL HOSSE) -	4						W		
			JB Russey Hossé) -	-								
			Home	84					,,,,,,,,	1.2 apr. 11 A33 (A44.7)		
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	1		PLANNING CONFERGURE) -									
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NAME

DESIGNATION

BASE

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 KOTES, FORM MUST NOT BE COMPLETED BY LEASED CAR

DRIVERS OR HM&D STAFF)

SCOTLAND

ALL SHADED AREAS MUST BE COMPLETED OR CLAWN FORM MAY BE RETURNED AND PAYMENT DELAYED CLAIM FOR THE MONTH OF EMPLOYEE DETAILS (Completion of these fields are Please use BLOCK CAPITALS) MATTHEWS es per current pays'e) HOME ADDRESS NON EXECUTIVE SINGLE DISTANCE FROM HOME TO FERMANENT WORKPLACE WILES

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIVED) EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE car registration number EXCESS RETURN INTEAGE / COST* FOR HOME TO BASE — FUEL TYPE COZ EMSSONS LEVEL TOTAL WRES / COST * (A + E MAYE AND MODEL

CAR CHANGED SINCE LAST CLAMP YESINO"	IF "I'ES" PLEASE ATT	ACH A COPT OF	TOUR INSURAN	E POLICY			DATE OF CHANGE? /	
DETALS OF JOURNEY		Mie	AĞE				EXPENSES	
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6 NOV HOME-CLUCAWARDS								
DINNER KADISON BLUE)								
GLASLOW-HOME	80							
7/11 Home- JBRUSSELL HOVE	<u> </u>							
/BOARD SEMINAR) He	CIC							
BOATES SENCINATE) FOR	US 84							
8 11 Home- GLASCON IJB								
ALBIGN ST 4LASWW.	- 40							
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TOTALS		-	۰					000

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

CLAIM FOR THE MONTH OF

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

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ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

SCOTLAND

EMPLOYEE DETAILS (Completion of the see fields are mandatory, Please use BLOCK CAPITALS)			VEHICLE DE	TAILS (WHE	RE MILEAGE	EXCESS TRAVEL (See Guidance)			
The state of the s	JOHN MATTHANS		CAR REGISTRATI	ION NUMBER			TEMPORARY / PERMANENT * CHANGE OF BASE		
(as per current payshp) HOME ADDRESS			ENGINE SIZE				EXCESS RETURN MILEAGE / (A)		
			FUEL TYPE					. 00%	
-	NON EXECUTIVE				9		NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED —	(8)	
DESIGNATION	THOIR CACOLOLE	-	CO2 EMSSIONS L	EVEL	9		TOTAL MILES / COST .	(A • B)	
SINGLE DISTANCE FROM HOME TO			MOT EXPIRY DAT	t	9		CLAIMED —		
PERMANENT WORKPLACE MILES			MAKE AND MODEL						
CAR CHANGED SINCE LAST CLAIM? YE	sino. IEJY	S' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY		DATE OF CHANGE? /	1	
f. ý se s.	DETAILS OF JOURNEY			AGE			EXPENSES		
STATE	(INCLUDING HAMES OF PASSENGERS)	FULL JOURNEY MILEAGE	OVERTIME AND RESERVE	PASSENGER MLEAGE	OFFICIAL USE ONLY	time of	CETALS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED	
[1] [2] (3) (4)	OR DESCRIPTION OF CLAM	461	RATE MILEAGE	[8]	[9)	CEPARTURE RET	11 (12)	(13) (13)	
5/12	HOWE- MEETING IN JBRUSSER	_							
	HOUSE - HOME	84							
	1600								
17/10	HOME - AUSIT & RICK								
1416	10002								
	CommITTEE - HERE	84							
	J B KURSELC HOUSE	04	Ţ						
	Hmi -					Comment of the second			
18/12	HOME - PUBLIC HEALTH MEETING JB MUSERLE HOUSE								
	MEETING JB/MSSECL HOUS	5							
	House	84							
	1,0000								
19/12	Imuse - Lece Bank				-				
17/12	HOME - GAC BOARS								
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	Home	86							
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	TOTALS	0	0	0		ā		0.00	

Completion of these boxes is mandatory							
Vicency : Monthly Part	Pay	Secup	Par	Partomen			
Monthly							

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 HAND STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND DAYMENT DELAYED.

SCOTLAND

EMPLOYEE DETAILS (Completion of these fields are mandatory, P		VEHICLE DETAILS (WHERE MILEAGE BEING	CLAIMED) EXCESS TRAVEL (See Guidance)
IAME Super current paysing)	THEMS	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT - CHANGE OF BASE
OME ADDRESS		ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE
		FUEL TYPE	NO OF DAYS / OCCASIONS
ESIGNATION NON EXI	ECUTIVE	CO2 EMISSIONS LEVEL	TRAVELLED / CLAIMED
ASE		MOT EXPIRY DATE	TOTAL MILES / COST * (A
NGLE DISTANCE FROM HOME TO ERMANENT WORKPLACE MILES	datory if any mileage is being claimed.	MAKE AND MODEL	

CAR CHANGED SINCE LAST CLAIM? YES/ NO IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? DETAILS OF JOURNEY EXPENSES (INCLUDING NAMES OF PASSENGERS) USE ONLY DETACS OF SUBSISTENCE ON OF EXPENSES CLAMED [12] [13] 84 TOTALS

SCOTLAND

FEB 2018

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 HIMAD STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

CLAIM FOR THE MONTH OF	LED WID	COM FORM MAT BE RETURNED AND PATMENT DELATE	2
MPLOYEE DETAILS (Comple	letion of these fields are mandatory. Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)
IAME se per current payalipi	JOHN MATTHEWS	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE
IOME ADDRESS	-	ENGINE SIZE	EXCESS RETURN MILEAGE (A)
-		FUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)
DESIGNATION	HOW EXECUTIVE BIRECTOR	CO2 EMISSIONS LEVEL	
BASE		MOT EXPRY DATE	TOTAL MILES / COST . (A + B
SINGLE DISTANCE FROM HOME TO DERMANENT WORKPLACE MILES		MAKE AND MODEL	

CAR CHANGED SINCE LAST CLAIM? Y	٠. الم. عا د الم. عا	ES' PLEASE ATT	ACH A COPY OF	YOUR INSURAN	CE POLICY	7		DATE OF CHANGE? /	1
5 0 >+ >	DETAILS OF JOURNEY		7.500000000	AGE				EXPENSES	
SEAS STATE OURSE TANTA	(NCLUDING NAMES OF PASSENGERS)	FULL	OVERTIME AND RESERVE	PASSENCER MLEAGE	OFFICIAL USE ONLY	t Me	COF	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
[1] [2] (3) (4)	OR DESCRIPTION OF CLAM (5)	MLEAGE	RATE MILEAGE	(4)	(9)	DEPARTURE (10)	RETURN [11]	[12]	(12) E b
5/2	(WACK REVAN) - Home				1			15	
	Charle Court - Home	96							
	(MAC 1000MIL) Novice	1-					-		
1/0	House /Gungaria	_							
6/2	HOME - (FINANCE + PLANING TBRUSSELL HOUSE - HOME)							
	15 luggete House - Home	84		and v					
12/2	thus 100 are 14 mg								
13/2	Howe- JB Russeu House								
1	(meeting (HAIRMAN)-Home	84							
, 1	11 1 1 1 2 1 1 2 2	22							
14/2	HOME - EAST RENFLIB	55							
34 1	(BARHEAS)								
	muchic with LINDA DECARSTECKER	19							
	The Russen Hoyse-Home	1,2.							
	1.51 02-20-	-							
70/2	Home - win Quarrier Com	113							
20/2	15 to 6 le	4)							
	MEETING BR MOULTRIE LMC	-							
	MELING DE MOULIVEE LIVE	6							
	NEW CITY RD HOUSE	40		estima miss a					
2017	11 2 120								
20/2	Home - GLASMON 1513								
(PUB Exh Com ALKION ST	80							
	PUB EXA COM ALISION ST HOME (ATTENDED - MEETING CANELLE	3)		155001111500					
)								
			-						
				V.	A-CLARKA II-A				
				0.00					
		57,57							
	Totals	211	•						
	TOTALS	0	0	0					0.00

Monthly Pay Group Pay

NAME (as per current paysio)

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

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

EXCESS TRAVEL (See Guidance) TEMPORARY / PERMANENT * CHANGE OF BASE

CLAIM FOR THE MONTH OF MANCH 2018

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

CAR REGISTRATION NUMBER

SCOTLAND

HOME ADDRESS		ENGINE SIZE					EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	(A)
What EVERATIVE DIRECTOR		FUEL TYPE					NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	(8)
DESIGNATION AFTER EVELOPITY DIRECTOR		CO2 EMISSIONS L	EVEL				TOTAL MILES / COST	(A x 8)
SINGLE DISTANCE FROM HOME TO		MOT EXPIRY DAT	e				CLAIMED	,,,,,,
PERMANENT WORKPLACE MILES		MAKE AND MOD	DEL					
	ES' PLEASE ATT	TACH A COPY OF		CE POLICY			DATE OF CHANGE? /	1
DETALS OF JOURNEY	FULL	CALL-OUT OVERTME	PASSESCIER	OFFICIAL	TANE	OF.	EXPENSES DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
	MLEAGE	AND RESERVE RATE MILEAGE	MLEASE (8)	USE ONLY	DE PART FLARE	RETURN [11]	EXPENSES CLAMED	£ p
6/3 Home - GLASGOW LIFE		185500000000000000000000000000000000000						
(BMOGET MCGNINGE IAN MANG	7 80	7						
- Home	/							
:21 - 11 - 1 - 0 - 0 - 0	Ci.							
13/3 Home-August + Mick - JB Russen	84							
1 Horse - Home								
14/2 Hope - Dua: 16 Ham TI								
14/3 Home - Public HEARTH MENDA SETTIME (JBANKEY)	84	-						
MEGT Presiden forces has								
(CAMPLAINTY (EAD) - Home								
(City saliting City)								
21/3 HOORE - CILKShow 1513	80							
MOBION ST - HOME								
27/3 Hours Purue HEMTH					i guisura			
1 (ALAN CONAN) JBRUSCEU								
TOOHN HAMILTON LEAKE-	84							
TAKIMI) - HOME								
		-						
	-							
	10							
	HL		_					