

Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (3 characters)
Monthly				

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)

CLAIM FOR THE MONTH OF **APRIL 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)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE DIRECTOR**

BASE [REDACTED]

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)

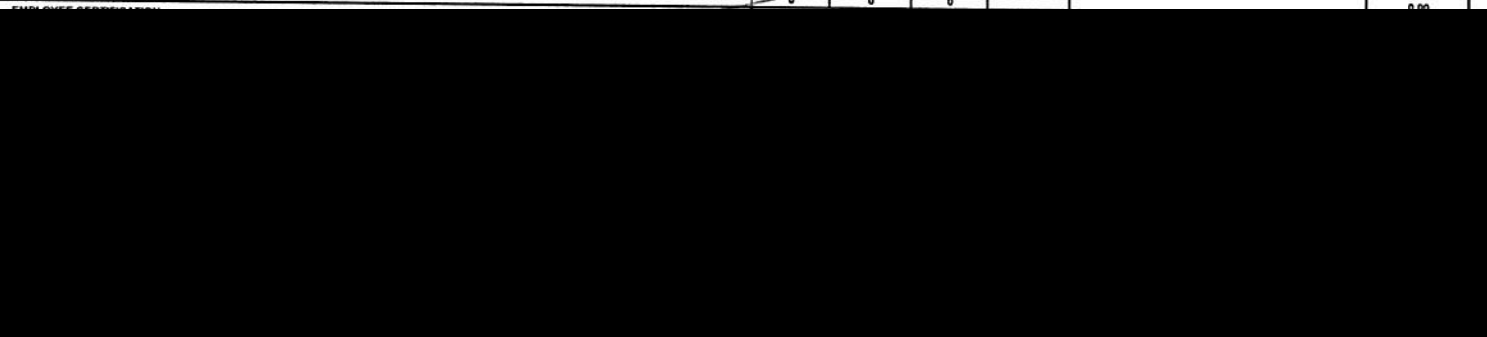
TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO*

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
3/4				HOME - J B RUSSELL HOUSE (meeting Anna Macpherson) HOME (AYR)	84								
7/4				HOME - J B RUSSELL HOUSE (JOHN HAMILTON) - HOME	84								
18/4				HOME - J B RUSSELL HOUSE (PUBLIC HEALTH COM) - HOME									
19/4				HOME - GLASGOW J B ALBION ST (MT SID LEWIS RICHIE: National out of hours Team) - HOME	81								
TOTALS					249								



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

Weekly / Monthly Paid	Pay Division	Contract Code	Pay Point	Pay Number (8 characters)
Monthly				

CLAIM FOR THE MONTH OF **MAY 2017**

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

NAME **JOAN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION

BASE

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

Completion mandatory if any mileage is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE

FUEL TYPE

CO2 EMISSIONS LEVEL

MOT EXPIRY DATE

MAKE AND MODEL

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST* FOR HOME TO BASE _____ (A)

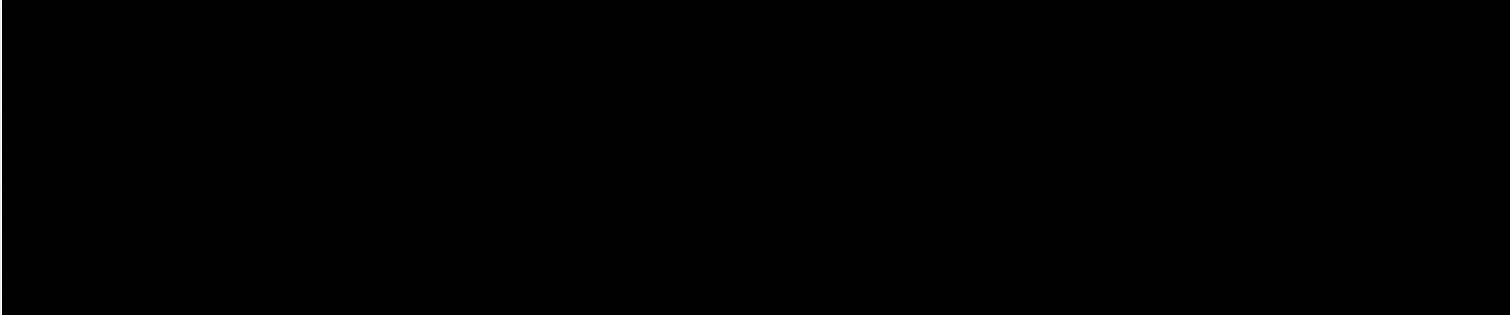
NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/ NO * IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT	JOURNEY END AT	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2/5				HOME - JB Russeu House (SEMINAR) - HOME	84								
5/5				HOME - GALLS HOTEL (MEET Alan Lowan VC) - HOME	30								
19/5				(REGENERATION Committee) HOME JB Russeu House	84								
31/5				HOME EAST GAI IJB (SEMINAR) HOME	76								
TOTALS					274	0	0	0				0.00	

CERTIFYING OFFICER'S AUTHORIZATION



Completion of these boxes is mandatory

Weekly / Monthly Part	Pay Code	Grade Code	Pay Point	Pay Number (if applicable)
Monthly				

Please refer to your current pay slip

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 HM&D STAFF)

CLAIM FOR THE MONTH OF **JUNE 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)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE**

BASE [REDACTED]

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? YES/NO*

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	START HOME	END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				EXPENSES					
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED		
									DEPARTURE	RETURN		£	p	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
5/6				HOME - JB RUSSELL HOUSE (MT INEQUALITIES)	84									
6/6				HOME - JB RUSSELL HOUSE (SEMINAR) (AUDIT COM)	84									
15/6				HOME - JB RUSSELL HOUSE WILIAM COUNTRYMAN COM CENTRE (BOARD MEETING)	86									
20/6				HOME - JB RUSSELL HOUSE (AUDIT COMMITTEE)	84									
26/6				HOME - JB RUSSELL HOUSE (REMUNERATION COM)	84									
27/6				HOME - JB RUSSELL HOUSE (BOARD MEETING)	84									
28/6				HOME - EAST RENF ISB (AUDIT GOVT BOARD) BARZHEAD	66									
TOTALS					572	0	0	0						0.00

EMPLOYEE SIGNATURE: [REDACTED]

DATE: [REDACTED]

Completion of these boxes is mandatory			
Weekly / Monthly / Part	Pay Period	Grade / Class	Pay Number / Subsidy
Monthly			

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 HM&D STAFF)

CLAIM FOR THE MONTH OF **August 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)

NAME (as per current payroll): **JOHN MATTHEWS**

HOME ADDRESS: [REDACTED]

DESIGNATION: [REDACTED]

BASE: [REDACTED]

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? YES/NO*

IF YES, PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1/8/17				HOME - JB RUSSELL HOUSE (GLC SEMINAR) - HOME	84								
3/8				HOME - GOLDEN JUBILEE CONFERENCE HOTEL CLYDEBANK (REGIONALIZATION CONSULTATION) - HOME	98								
15/8				HOME - Wm BURNER COM CENTRE (GLC BOARD)	86								
16/8				HOME - EAST REN IJB CLARICSTON MEETING JB RUSSELL (GL MARIE HUNTER + LINDA de Costeckes) - HOME	66								
22/8				HOME - JB RUSSELL Hse meeting CHURCHMAN + Ian Manson + Bridget McQuinn) HOME	84								
31/8				HOME - WESTWARD HOUSE PAISLEY (E-HEALTH Stefan IS McLean) (meet DR MARGARET MCCARTNEY) - HOME	82								
TOTALS					0	0	0						0.00

529

Completion of these boxes is mandatory

Weeks / Months Paid	Pay Date	Employment Code	Pay Band	Pay Number
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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 HM&D 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)

NAME (as per current payroll): **JOHN MATTHEWS**
HOME ADDRESS: [REDACTED]
DESIGNATION: **NON EXECUTIVE DIRECTOR**
BASE: [REDACTED]
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 * B)

CAR CHANGED SINCE LAST CLAIM? YES/NO: / IF YES: PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE (6)	CALL OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	AMOUNT CLAIMED £ (13)
5/9				HOME - J B RUSSELL HOUSE (SEMINAR) HOME	84							
8/9				HOME - WESTWARD HOUSE (E HEALTH) EAST REN J B (EASTWOOD) HOME	42		10					
					35							
12/9				HOME - J B RUSSELL HOUSE (Audit + Risk Com) - HOME	84							
20/9				HOME - GLASGOW J B (ARBION ST) J B RUSSELL (AGENDA MEETINGS PUBLIC HEALTH) HOME	40		9					
					42							
22/9				HOME - GLASGOW EDINBURGH (HEALTH SCOT ANNUAL REVIEW) TRAIN RT	84							23.80
27/9				HOME - EAST REN (J B Audit Com) BARKHEAD HOME	66							
28/9				HOME - J B RUSSELL HOUSE (PRE MEETING RE CAR SEC VISIT) HOME	84							
29/9				HOME - PHILIPS CONFERENCE PUBLIC HEALTH CONVENTION HALL	81		661					
TOTALS												

EMPLOYEE SIGNATURE: [REDACTED]

Completion of these boxes is mandatory

Weekly / Monthly / Other	Pay Period	Pay Date	Pay Number

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 NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)

CLAIM FOR THE MONTH OF **OCTOBER 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)

NAME (as per current payslip): **JOHN MATTHEWS**

HOME ADDRESS: [REDACTED]

DESIGNATION: **NON EXECUTIVE DIRECTOR**

BASE: _____

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: _____

Completion mandatory if any mileage is being claimed

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: _____

FUEL TYPE: _____

CO2 EMISSIONS LEVEL: _____

MOT EXPIRY DATE: _____

MAKE AND MODEL: _____

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

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAME OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
2/10/17				HOME - (Q&A G&C ANALYSIS REVIEW) - HOME	86							
3/10				HOME - (FINANCE + PLANNING J B RUSSELL HOUSE) - HOME	84							
24/10				HOME - (REGIONAL PLANNING CONFERENCE) - HOME STOBHILL HOSP - HOME	96							
30/10				HOME - (EAST DUNDEE J B) EASTWOOD - HOME	76							
31/10				HOME - J B RUSSELL HOUSE (PUBLIC HEALTH COMMITTEE) HOME	84							
TOTALS					426							

Completion of these boxes is mandatory				
Average Monthly £24	Pay Date	Emp Code	Pay Point	Pay Number (3 Digits)
Monthly				
Please refer to your contract for help				

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 HM&D STAFF)

CLAIM FOR THE MONTH OF **NOV 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)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE**

BASE [REDACTED]

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]

MOB 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 + B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY STARTS AT HOME	JOURNEY ENDS AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSIDIARY OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
6 NOV				HOME - (GLG AWARDS DINNER (ADISON BLUG) GLASGOW - HOME)	80							
7/11				HOME - JB RUSSELL HOME (BOARD SEMINAR) HOME	84							
8/11				HOME - GLASGOW IFS ALBION ST GLASGOW - HOME	40							
14/11				HOME - (WEST OF SCOTLAND PLANNING GLASGOW GOLDEN JUBILEE HOTEL) CLYDEBANK HOME	98							
16/11				HOME - BEARMORIS HOTEL CLYDEBANK (GLG BOARD AWAY DAY) - HOME	98							
29/11				HOME - (EAST REN IFS EASTWOOD)	32							
				MEETING JB RUSSELL HOME	15							
				RE VISIT DEEPEND UPSHIP	7							
				GROVAN - HOME	40							
TOTALS					494							

Completion of these boxes is mandatory			
Weekly / Monthly Paid	Pay Period	Pay Code	Pay Point
Monthly			

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 HM&D STAFF)

CLAIM FOR THE MONTH OF **DEC 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)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE**

BASE [REDACTED]

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 + B)

CAR CHANGED SINCE LAST CLAIM? YES/ NO *

IF YES PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	HEALTH CARE JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5)	MILEAGE				EXPENSES				
					FULL JOURNEY MILEAGE (6)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	TIME OF DEPARTURE (10)	TIME OF RETURN (11)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	AMOUNT CLAIMED (13)	
5/12				HOME - MEETINGS IN JB Russell House - HOME	84								
12/12				HOME - Audit & Risk Committee - HOME JB Russell House HOME -	84								
18/12				HOME - PUBLIC HEALTH MEETING JB Russell House HOME	84								
19/12				HOME - GGC BOARD Wm Quarrier Com Centre HOME	86								
TOTALS					0	0	0						0.00



Completion of these boxes is mandatory

Weekly / Monthly / Yearly	Day	Month	Year	Day Number
Monthly				

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 NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)

CLAIM FOR THE MONTH OF **FEB 2018**

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)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE DIRECTOR**

BASE [REDACTED]

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 * B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT	JOURNEY END AT	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (5)	MILEAGE				TIME OF		EXPENSES		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)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	£ (13)	p (13)	
5/2				HOME - STOBHLE Hosp (WALK RETURN) - HOME	96									
6/2				HOME - (FINANCE + PLANNING) JB RUSSELL HOUSE - HOME	84									
13/2				HOME - JB RUSSELL HOUSE (meeting CHAIRMAN) - HOME	84									
14/2				HOME - EAST RENF LTB (BAR HEATS) (meeting with LINDA DECAESTECKER) JB RUSSELL HOUSE - HOME	33	9								
20/2				HOME - WIM BURNHAM LOM CENTRE (GAC BOARD) (MEETING DR MOUTRIE LMC NEW CITY RD) HOME	43	6								
25/2				HOME - GLASGOW LTB PUB ERN LOM ALBION ST HOME (ATTENDED - MEETING CANCELLED)	80									
517 =														
TOTALS					0	0	0						0.00	

Completion of these boxes is mandatory

Weekly / Monthly Paid	Pay Period	Pay Date	Pay Number (if applicable)
Monthly			

Please refer to your current payroll

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 HM&D STAFF)

CLAIM FOR THE MONTH OF **MARCH 2018**

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)

NAME (as per current payroll) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **SRNI EXECUTIVE DIRECTOR**

BASE [REDACTED]

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 + B)

CAR CHANGED SINCE LAST CLAIM? YES/NO*

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	MILEAGE (AS PER JOURNEY)	JOURNEY START AT HOME AND END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM (S)	MILEAGE				EXPENSES				
				FULL JOURNEY MILEAGE (6)	CALL OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	TIME OF DEPARTURE (10)	RETURN (11)	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	AMOUNT CLAIMED £ (13)	
6/3			HOME - GLASGOW LIFE (BUDGET McCONNELL IAN MANSUR) - HOME 80									
13/3			HOME - AUNT + PUPP - JB RUSSELL - HOME 84									
14/3			HOME - PUBLIC HEALTH RENATA SETTING (JB RUSSELL) - MEET RUSSELL JAMES GAC (CHAPLAINWAY LEAD) - HOME 84									
21/3			HOME - GLASGOW IJB - RUBION ST - HOME 80									
27/3			HOME - PUBLIC HEALTH (ALAN COWAN) JB RUSSELL (JOHN HAMILTON LEAVE - TAKING) - HOME 84									
TOTALS				0	0	0						0.00

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