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)

SCOTLAND

CLAIM FOR THE MONTH OF		ALL SHADED ARE	EAS MUST BE COMPLE	TED OR	CLAIM FORM N	AY BE RET	URNED AND	PAYMENT DELAYE	D			
EMPLOYEE DETAILS (Comple	etion of these fields are mandatory. Plea	se use BLOCK CAPITALS)			VEHICLE DE	TAILS (WHE	RE MILEAGE	BEING CLAIMED)	EXCESS TRAVEL (See	Guida	ince)	
NAME (as per current payslip)	Simpa.	CACL			CAR REGISTRATIO	ON NUMBER			TEMPORARY / PERMANENT*	CHANG	JE OF BASE	
HOME ADDRESS					ENGINE SIZE		54		EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE			(A)
	Made		1.40		FUEL TYPE				NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED			(B)
DESIGNATION		XECUTIVE	DILCON		CO2 EMISSIONS L	EVEL			TOTAL MILES / GOST *			
BASE	IR LUSSELL HO	VIL	e produce de la constante de l		MOTEXPIRY DATE	£.			CLAIMED			(A . E
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	-			ļ	MAKE AND MOD	€L						5-7 <u>-</u> 8
CAR CHANGED SINCE LAST CLAIM?	YES/ NO *		IF 'YES' I	LEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY		DATE OF CHANGE?	1	1	
2 5	DETAILS OF JOURNEY				MLEAGE				EXPENSES			
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111 PH 125 145	OR DES	CRIPTION OF CLAM	100		-			DEPARTURE RETURN	1	- 1		

AR CHANGED SINCE LAST CLAIM?	IF TES PLEASE AT	YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY					DATE OF CHANGE? / /					
DETAILS OF JOURNEY			MLEAGE					EXPENSES				
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