

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Grade Code	Pay Point	Pay Number (8 characters)

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)

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

CLAIM FOR THE MONTH OF APRIL AND MAY 2013

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

NAME (as per current payroll)	AMINA KHAN
HOME ADDRESS	[REDACTED]
DESIGNATION	[REDACTED]
BASE	BOARD HQ, JB RUSSELL HOUSE, GARTNAVEL ROYAL HOSPITAL, GLASGOW
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]
MOI 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 * N/A 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				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)
02 - Apr	MEETING			TRAVEL HOME FROM GOLDEN JUBILEE CONFERENCE CENTRE					5.45PM		TRAIN		3.60
16 - Apr	MEETING			TRAVEL TO/FROM WILLIAM QUARRIERS CENTRE					8.20AM	4PM	BUS		4.60
17 - Apr	MEETING			TRAVEL HOME FROM JB RUSSELL HOUSE					5.33PM		BUS		4.60
07 - May	MEETING			TRAVEL TO JB RUSSELL HOUSE					8.50AM		TRAIN		3.40
				TRAVEL FROM JB RUSSELL HOUSE TO ALEXANDRA PARADE					1.30PM		TRAIN		3.30
				TRAVEL HOME FROM ALEXANDRA PARADE					2PM		BUS		2.40
10 - May	MEETING			TRAVEL TO JB RUSSELL HOUSE					8.50AM		TRAIN		3.30
				TRAVEL HOME FROM JB RUSSELL HOUSE					11AM		TRAIN		3.30
21 - May	MEETING			TRAVEL TO JB RUSSELL HOUSE					8.50AM		TRAIN		3.30
				TRAVEL HOME FROM JB RUSSELL HOUSE					12.50AM		BUS		4.60
TOTALS													36.40

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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 Jun-2019

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) **AMINA KHAN**

HOME ADDRESS [REDACTED]

DESIGNATION [REDACTED]

BASE **BOARD HQ JB RUSSELL HOUSE, GARTNAVEL ROYAL HOSPITAL**

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]

MOI 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* N/A 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 (5)	MILEAGE				EXPENSES				
					FULL JOURNEY MILEAGE (6)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED (12)	AMOUNT CLAIMED	
									DEPARTURE (10)	RETURN (11)		£	p
21-Jun	MEETING			ALEXANDARA PARADE TO HYNDLAND (FOR JB RUSSELL HOUSE)					10.53AM		TRAIN	3.30	
				HYNDLAND TO QUEEN STREET					1PM		TRAIN	2.20	
25-Jun	MEETING			ALEXANDARA PARADE TO PARTICK					8.27AM	3PM	TRAIN	4.30	
				PARTICK TO QUEH BUS (FOR WILLIAM QUARRIERS CENTRE)					8.51AM	2.30PM	BUS	3.20	
				ALEXANDARA PARADE TO HOME					3.33PM		BUS	2.40	
TOTALS													15.40



