

Completion of these boxes is mandatory

Weekly/Monthly Paid	Pay Period	Contribution Code	Pay Rate	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 **April 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 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	MILEAGE	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
1/4		HOME - GLASGOW CITY CENTER (WILLIE RAE FORMER CHIEF CONSTABLE) JANE GRANT GGC - HOME	80						PARKING	5.00	
2/4		HOME - GGC AWAY DAY (CROWDEN DU BILLET) - HOME	98								
16/4		HOME - GLASGOW CITY CENTER (BERNADETTE MONAGHAN COMM PLANNING GGC) HOME	80						PARKING LUNCH	13.00 37.46	
17/4		HOME - GLASGOW ALBION ST ITB DEV. SESSION - HOME PUB HEALTH COM HOME	84								
25/4		HOME - GLASGOW HIGH ST (BIMBLE McCONNELL GLASLIFE) (JAZZIE ERDMAN EQUALITIES) (JBR) HOME	99						PARKING	6.00	
			441								
										61.46	
			TOTAL							502.46	
TOTALS			0	0	0					0.00	

Completion of these boxes is mandatory			
Week / Month Paid	File Duration	Form Code	File Number (if changed)
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 **MAY 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 payslip) [REDACTED]  
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	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		AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	E	P	
														(6)
6/5				HOME - DAKOTA HOTEL MOTHERWELL (PAUL GRAY) - HOME	114							COFFEE / DRINKS	14.50	
7/5				HOME - JBUSSELL HOUSE (SEMINAR) - HOME	84									
8/5				HOME - ALBION ST (GLASGOW IJB) - HOME	80									
15/5				HOME - ALBION ST (PRE-ARB ENFORCEMENT MT) - HOME	80									
16/5				HOME - CITY CHAMBERS (SHAN ANDERSON COM PLANNING) HOME	80							COFFEE 5.20 PARKING 6.00		
17/5				HOME - MILENIUM HOTEL 260 SQ (FIONA DUNCAN - CORA) - HOME	80							PARKING 5.00 COFFEE 7.10		
23/5				HOME - CALEDONIA ONE GLAS (ENGLIC CONFERENCE) HOME	80							PARKING 3.80		
24/5				HOME - JBUSSELL HOUSE (BRIDEI MCCONNELL GLAS LIFE + CHAIRMAN - HOME	84									
29/5				HOME - GLASGOW (PUBS ENR COMMITTEE) FOOD SUMMIT CITY CHAMBERS - HOME	80							PARKING 10.00		
<b>TOTALS</b>														<b>57.60</b>

0.00







