

Completion of these boxes is mandatory				
Weekly / Monthly Fee	Pay Category	Claim Code	Pay Rate	Pay Number (if applicable)

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

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 **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 payroll) **Jennifer Armstrong**

HOME ADDRESS

DESIGNATION

BASE

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance)

CAR REGISTRATION NUMBER

ENGINE SIZE

FUEL TYPE

CO2 EMISSIONS LEVEL

POT EXPIRY DATE

MAKE AND MODEL

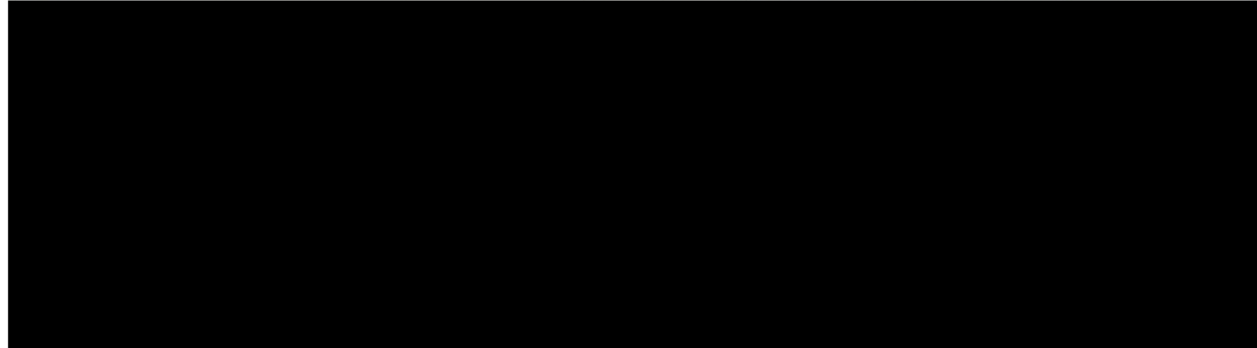
TEMPORARY / PERMANENT * CHANGE OF BASE

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

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)

TOTAL MILES / COST * CLAIMED (A x B)

DATE	REASON FOR JOURNEY	JOURNEY START	JOURNEY END	DETAILS OF JOURNEY (FOLLOWED NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSTANCE OF OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
17.04.19	B	N	N	Glasgow - Edinburgh (Train Ticket)								25.50
TOTALS												25.50



Completion of these boxes is mandatory				
Visibly Monthly Paid	Pay Cheques	Printed Name	Pay Month	Pay Number (8 characters)

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

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 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): **Jennifer Armstrong**

HOME ADDRESS: [REDACTED]

DESIGNATION: **Medical Director**

BASE: **JB Russell House**

WALKING DISTANCE FROM HOME TO PERMANENT WORKPLACE (MILES): [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED EXCESS TRAVEL (See Guidance))

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: [REDACTED]

FUEL TYPE: [REDACTED]

CO2 EMISSIONS LEVEL: [REDACTED]

MOT EXPIRY DATE: [REDACTED]

MAKE AND MODEL: [REDACTED]

TEMPORARY / PERMANENT * CHANGE OF BASE: [REDACTED]

EXCESS RETURN MILEAGE / COST ** OR HOME TO BASE: [REDACTED] (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: [REDACTED] (B)

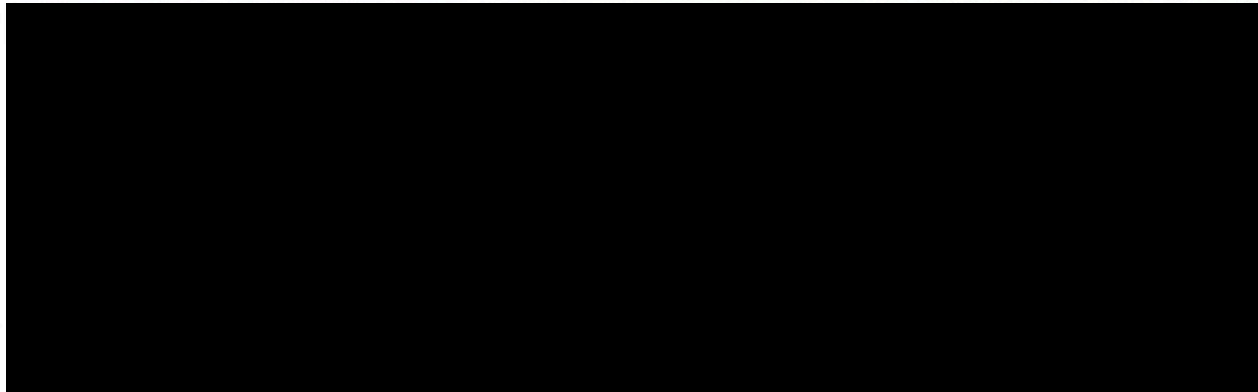
TOTAL MILES / COST * CLAIMED: [REDACTED] (A + B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

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

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	STARTS AT	ENDS AT	DETAILS OF JOURNEY (INCLUDING NAME(S) OF PASSENGER(S) OR DESCRIPTION OF CLAIM)	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
19.06.19	B	N	N	Glasgow - Edinburgh (Train Ticket)								13.30
26.06.19	B	N	N	Glasgow - Edinburgh (Train Ticket)								25.50
TOTALS												38.80



Completion of these boxes is mandatory

Yearly / Monthly Rate	Pay Element	Grade Code	Pay Point	Pay Point (£ (P/A/R/T/S))
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TRAVEL & ASSOCIATED EXPENSES CLAIM FORM
FOR AFC RULES 1ST JULY 2013

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 HMAG STAFF)

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

CLAIM FOR THE MONTH OF **August 2019**

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

NAME (as per current payroll) **Jennifer Armstrong**

HOME ADDRESS

DESIGNATION

BASE

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED EXCESS TRAVEL (See Guidance))

CAR REGISTRATION NUMBER

ENGINE SIZE

FUEL TYPE

CO2 EMISSIONS LEVEL

MOT EXPIRY DATE

MAKE AND MODEL

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)

DATE	REASON FOR JOURNEY	JOURNEY START AT	JOURNEY END AT	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				EXPENSES			
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE	PASSENGER MILEAGE	OFFICIAL USE ONLY	TIME OF DEPARTURE	TIME OF RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
23.08.19	B	N	N	Glasgow - Edinburgh (Train Ticket)								25.50
TOTALS												25.50

