## TRAVEL & ASSOCIATED EXPENSES CLAIM FORM

**FOR NURSES & MIDWIVES FOR REIMBURSEMENT TO THE NURSES’ FUND**

FORM MUST BE COMPLETED IN BLOCKS FOR DATES OF EACH TRIP. ALL EXPENSES MUST BE SUPPORTED BY EVIDENCE OF TRAVEL LIES THAT MAY BE RETURNED TO THE NURSES’ FUND.  

### CLAIRE FOR THE MONTH OF: April 2019

#### EMPLOYEE DETAILS

- Name: Jennifer Armstrong  
- Home Address:  
- Date of Birth:  
- Sex:  

#### VEHICLE DETAILS

- Registration No:  
- Engine Size:  
- Fuel Type:  
- Gross Weight (Kg):  
- Days of Use:  
- Total Miles in Table:  
- Total Miles Traveled:  
- Total Miles Alleged:  
- Reason for Mileage:  
- Claimed Period:  
- Claimants’ Name:  
- Claimants’ Signature:  
- Claimants’ Address:  

#### DETAIL OF JOURNEY

<table>
<thead>
<tr>
<th>Date</th>
<th>Mileage</th>
<th>Roads</th>
<th>Nature of Journey</th>
<th>Purpose of Journey</th>
<th>Hours</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.04.19</td>
<td>25.50</td>
<td>N</td>
<td>N</td>
<td>Glasgow - Edinburgh (Train Ticket)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TOTALS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>25.50</th>
</tr>
</thead>
</table>

**NHS SCOTLAND**
**TRAVEL & ASSOCIATED EXPENSES CLAIM FORM**

**FOR ANNUAL PERIOD 1ST JULY 2019**

NHS Greater Glasgow and Clyde

(To be completed if this form is being used for the annual period.
This form must be completed by any Category 3 or 4 staff)

All sections must be completed. This claim form may be required for audit purposes.

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**EMPLOYEE DETAILS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Jennifer Armstrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Address</td>
<td>JB Russell House</td>
</tr>
</tbody>
</table>

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**VEHICLE DETAILS**

<table>
<thead>
<tr>
<th>Car Registration Number</th>
<th>Engine Size</th>
<th>Petrol/Diesel</th>
<th>Total Miles Traveled</th>
<th>Claimed Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**TRAVEL EXPENSES**

<table>
<thead>
<tr>
<th>Date</th>
<th>B</th>
<th>N</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.06.19</td>
<td>1</td>
<td>N</td>
<td>13.30</td>
</tr>
<tr>
<td>26.06.19</td>
<td>2</td>
<td>N</td>
<td>25.50</td>
</tr>
</tbody>
</table>

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**TOTALS**

|                  | 28.80 |

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**CLAIMED FOR THE MONTH OF**

June 2019
### Travel & Associated Expenses Claim Form

**NHS Greater Glasgow and Clyde**

**Claim for the Month of:** August 2019

**Employee Details:**

- **Name:** Jennifer Armstrong
- **Address:**
- **Position:**
- **Tel:**
- **Email:**

**Vehicle Details:**

- **Make:**
- **Model:**
- **Reg No:**
- **Mileage:**
- **Fuel:**
- **Mileage Log:**
- **Fuel Log:**
- **Date:**

**Date:** 23.08.19

**Place:**

- **Start:** Glasgow
- **End:** Edinburgh
- **Train Ticket:**

**Details:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Mileage</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.08.19</td>
<td>Glasgow</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edinburgh</td>
<td>25.50</td>
<td></td>
</tr>
</tbody>
</table>

**Expense Summary:**

- **Mileage:** 25.50
- **Total Costs:** 25.50

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**NHS Scotland**