

## TRAVEL EXPENSES CLAIM FORM – GP SPECIALTY TRAINEES

PERSONAL DETAILS:			
<b>Name:</b> Dr			
<b>Home Address:</b>			
<b>Post Code:</b>			
<b>CAR DETAILS / DISTANCES:</b>			
<b>Make/Model of Car:</b>			
<b>Engine Size:</b>			
<b>Registration Number:</b>			
<b>Home to hospital base mileage:</b>	single..... return.....	<b>Home to surgery mileage:</b>	single..... return.....
I have read the GP Registrar Directions (2003) with 2007 Amendments. Considering this I believe that I will be entitled to claim at Standard User / Regular User rate ( <b>please delete as applicable</b> ).			
<i>Please note this will be monitored and altered in accordance with the Directions should the trainee not meet the eligibility criteria associated with the rate of mileage.</i>			
PRACTICE DETAILS:			
<b>Trainer Name:</b> Dr			
<b>Practice Manager:</b>			
<b>Practice Address:</b>			
<b>Date in post from:</b>		<b>To:</b>	
DECLARATION:			
I declare that:			
a) The traveling expenses and allowances claimed are in accordance with the GP Registrar Directions (2003) with 2007 Amendments and East Midlands Healthcare Workforce Deanery policies and are in connection with official visits to the places indicated on the date(s) shown.			
b) Where a claim for mileage is made:			
(i) Travel by a Public Service vehicle was not appropriate			
(ii) The vehicle has a current Road Fund License and is in a road-worthy condition complying with Road Traffic Acts.			
(iii) An insurance policy will continue to be maintained while the car is used by me and will cover the use of the car on official business.			
c) No other claim has been or will be made by me on any public body for expenses or allowances in connection with the business stated.			
<b>Signed (Claimant)</b>			<b>Date:</b>

**Please complete on a monthly basis and forward to your PCT/Agency for reimbursement**

