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|  |  | INVOICE |

**Please Type or complete in BLOCK CAPITALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number | (completed by LETB) |
| First Name |  |  |  | Invoice Date |  |
| Middle Initial |  |  |  | PO Number |  |
| Surname |  |  |  | FAO |  |
| Address Line 1 |  |  |  |  |  |
| Address Line 2 |  |  |  |  |  |
| Address Line 3 |  |  |  |  |  |
| Town/City |  |  |  |  |  |
| Post Code |  |  |  |  |  |

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| Invoice To:  **Health Education England**  HEALTH EDUCATION EAST OF ENGLAND  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Wakefield  WF3 1WE |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account Number | | | | | | | | Bank Account Sort Code | | | | | | bank account name | Swift code  (overseas only) | E-mail address for  remittance advice |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN THE REMITTANCE BEING MADE BY CHEQUE, WITH INEVITABLE PAYMENT DELAYS.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Travel Expenses | |  | |  |
| Start Location: | | | Finish Location: | |
| Public Transport | Mode of transport:  ***(Receipts must be attached)*** | | | **£** |
| **Private Transport** | Total Number of Miles:\_\_\_\_\_\_\_\_\_\_\_\_\_@ 24p per mile  ***(Mileage will be calculated at quickest route)*** | | | **£** |
| *Passengers*  ***(Reimbursed at 5p per mile per passenger)*** | Name(s) of passenger(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total miles travelled with passenger \_\_\_\_\_\_\_\_\_\_\_  ***(Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by the LETB)*** | | | **£** |
| Subsistence | *Accommodation Expenditure* | | | **£** |
| *Meal Expenditure* | | | **£** |
| Other Expenses | *Please specify below:* | | | **£** |
|  | TOTAL AMOUNT OF CLAIM | | | £ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**  **Where there is no receipt a full written explanation must be attached**  **Please read the guidance notes you obtained along with this claim form very carefully.**  **The LETB reserves the right to reimburse the cheapest option wherever relevant.** | | | | | |
| EVENT/ACTIVITY |  | | | | |
| LOCATION |  | | | | |
| DATE(S) | From: | | | To: | |
| **Resource Fee / Backfill / Course Fee** | |  | | | **Amount Claimed** |
| Resource Fee /Backfill Payment/Course Fee | | |  | | £ |

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| --- |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.**  **Name:**  **Signed: Date:** |

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| **Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.**  **Name:**  **Signed: Date:** |

**This form then needs to be returned to the LETB for authorisation before submission to SBS**

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| --- |
| **Authorised By**  **Name:**  **Position:**  **Deaprtment:**  **Contact Number:**  **Signed: Date:** |

**Once completed please return this form to the relevant co-ordinator at: Health Education East of England, 2-4 Victoria House, Capital Park, Fulbourn, Cambridge, CB21 5XB**