|  |  |  |
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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 HouseTopcliffe LaneWakefieldWF3 1WE |

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| --- | --- | --- | --- | --- |
| Bank Account Number | Bank Account Sort Code | bank account name | Swift code (overseas only) | E-mail address forremittance 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 | £ |

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| **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**