**IMPORTANT PLEASE READ:**

**INSTRUCTIONS FOR COMPLETING THE EXPENSE CLAIM FORM**

1. Please complete both pages of the form electronically and print it out **single sided**. Please note there is no facility to save this form on the website
2. Please fill in the total claim amount on the first page (**Total Value of the Claim**) noting the maximum claim of £100 (or £150 **if approval for accommodation granted prior to event**), with the breakdown of the claim in the table on the second page
3. Please complete all mandatory fields (grey boxes you can type in) as processing of the form is prevented if any are left blank. The template is formatted to only print out on A4 portrait
4. Expense claim forms should be **posted** to the address on the form. You must send the original receipts, and a copy of these receipts photocopied onto A4 and attached to the printed expense claim form. (Petrol receipts are not required, as this is worked out via mileage of 24p per mile, as per the table on the second page)
5. This signed invoice must be submitted within 28 days of your interview/event date. Claims received after that date will not be processed.
6. Applicants who are travelling from outside the UK will be paid expenses only from their port of entry
7. Please keep a copy of the form when you send it in

**ANY QUESTIONS, PLEASE EMAIL TO: -**

[**trina.braddick@hee.nhs.uk**](mailto:trina.braddick@hee.nhs.uk)

**With the subject title “travel expenses claim”. You must include the date, whether it was an interview/event, and the specialty otherwise we will be unable to direct your enquiry**

**FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL RESULT IN YOUR CLAIM BEING REJECTED – YOU WILL NOT BE CONTACTED IF YOUR FORM IS COMPLETED INCORRECTLY**

|  |  |  |
| --- | --- | --- |
|  |  | INVOICE |

**ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. THEY MUST ALSO BE COMPLETED IN FULL. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON- PAYMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | |  |  | Invoice Number |  | | | | |
| First Name **IN FULL** |  | | |  |  | Invoice Date |  | / |  | / |  |
| Middle name **IN FULL** |  | | |  |  | Cost Code |  | | | | |
| Surname |  | | |  |  | FAO |  | | | | |
| Address Line 1 |  | | |  |  |  |  | | | | |
| Address Line 2 |  | | |  |  |  |  | | | | |
| Address Line 3 |  | | |  |  |  |  | | | | |
| Town/City |  | | |  |  |  |  | | | | |
| Post Code |  |  |  |  |  |  |  | | | | |

|  |
| --- |
| Invoice To:  **Health Education England – T73**  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Tingley  Wakefield  WF3 1WE |
| PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING ADDRESS:  Trina Braddick  Health Education England  East of England  2-4 Victoria House  Capital Park  Fulbourn  Cambridge  CB21 5XB |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Account  Number | Bank Account  Sort Code | account holder 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 PAYMENT DELAYS.***

|  |  |
| --- | --- |
| **Total Value of the Claim** |  |

Please fill in the breakdown of the claim on the following page

**Details of the claim**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Deanery)*** | | | | | **£** |
| Subsistence | | *Accommodation Expenditure*  **(Receipts must be attached)** | | | | | **£** |
| *Meal Expenditure*  **(Receipts must be attached)** | | | | | **£** |
| Other Expenses | | *Please specify below:* | | | | | **£** |
| **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.**  **HEE reserves the right to reimburse the cheapest option wherever relevant.** | | | | | | | |
| EVENT/ACTIVITY | Pre Hospital Emergency Medicine | | | | | | |
| LOCATION | West Wing, Victoria House, Fulbourn, Cambs. CB6 5XA. | | | | | | |
| DATE(S) | From: 15 November 2018 | | | | | To: 15 November 2018 | |
| **Resource Fee / Backfill / Course Fee** | | |  | | | | **Amount Claimed** |
| Resource Fee /Backfill Payment/Course Fee | | | |  | | | £ |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in relation to the above mentioned 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 for declaring this income for tax purposes. Health Education England is under an obligation to provide this payment information to HMRC if required**  **Name:**  **Signed: Date:** | | | | | | | |
| **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 HEE for authorisation before submission to SBS**   |  | | --- | | **Authorised By**  **Name: Helen Mckee**  **Position: Recruitment Manager**  **Department: Recruitment**  **Signed: Date:** | | | | | | | | |