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|  |  | 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**

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| Title |  | | |  |  | Invoice Number | (completed by LETB) | | | | | | | |
| First Name **IN FULL** |  | | |  |  | Invoice Date |  |  | / |  |  | / |  |  |
| Middle name **IN FULL** |  | | |  |  | PO Number |  | | | | | | | |
| Surname |  | | |  |  | FAO |  | | | | | | | |
| Address Line 1 |  | | |  |  |  |  | | | | | | | |
| Address Line 2 |  | | |  |  |  |  | | | | | | | |
| Address Line 3 |  | | |  |  |  |  | | | | | | | |
| Town/City  **Candidate return address**  FAO Helen McKee, Recruitment Manager,  Health Education East of England  2/4 Victoria House, Capital Park, Fulbourn, Cambridge, Cambridgeshire CB21 5XB |  | | |  |  |  |  | | | | | | | |
| Post Code |  |  |  |  |  |  |  | | | | | | | |

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| Invoice To:  **Health Education England – T73**  **East of England LETB**  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Tingley  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 PAYMENT DELAYS.***

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| **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* | | | | **£** |
| *Meal Expenditure* | | | | **£** |
| 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.**  **The Deanery reserves the right to reimburse the cheapest option wherever relevant.** | | | | | | |
| EVENT/ACTIVITY | Pre – Hospital Emergency Medicine (PHEM) Selection Centre | | | | | |
| LOCATION | West Wing, Victoria House, Capital Park, Fulbourn, CB21 5XB | | | | | |
|  | From: 30 November 2016 | | | | To: 30 November 2016 | |
| **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:** | | | | | | |
| **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:**  **Department:**  **Contact Number:**  **Signed: Date:** |

**HEALTH EDUCATION EAST OF ENGLAND**

**Guidance Notes on making a claim for Interview Expenses**

Expense claim forms received by Health Education East of England are dispersed to Trusts within the region which are involved in the Specialty Training Programmes for which the interviews have been held.

Claims will be processed only where they are supported by **original receipts**. If a public transport fare is being claimed, the trouble must be taken to obtain a receipt or the ticket must be withheld.

Those travelling to interviews must use the most cost effective means possible. Travel costs will only be reimbursed from Home/Hospital base to the venue and return. Travel for any other purpose in connection with the interview will not be reimbursed. Trusts within Health Education East of England reserve the right to only reimburse you the cost of the cheapest fare.

**Please note:**

* Claim forms together with original receipts must be submitted to the Recruitment Unit at the address below **within** **ONE MONTH OF THE INTERVIEW**. Claims submitted late will not be reimbursed.
* Claims for travel costs to pre-interview visits will not be reimbursed.
* Claims will not be paid where a candidate fails to provide evidence of eligibility to apply for a training programme as required at interview
* It is recommended that you retain a copy of your claim and receipts.
* **If an appointment offered is not accepted, expenses will not be reimbursed except where:**
* A doctor who accepts a run through training post and subsequently takes a Academic Clinical Fellowship post.

• A doctor who accepts a fixed-term specialty training appointment (FTSTA) in a run-through specialty is subsequently offered a run-through training post or for uncoupled training programme that offers two years or more of core training.

• A doctor who accepts an FTSTA may not apply for other FTSTAs or other posts that only offer one year of training. For example, a doctor who has secured an FTSTA2 post can apply for CT2 in emergency medicine or psychiatry as these programmes offer 2 years of training (CT2 and CT3). The same applicant could not apply for CT2 in general surgery as this would only offer one year of core training.

• A doctor who accepts a one year training post (CT2 or CT3 in emergency medicine or psychiatry) is subsequently offered a run-through training post.

**Travelling Expenses**

* + **Mileage allowance** is currently paid at the public transport rate of 24p per mile. Please ensure you enter the miles actually travelled in the appropriate column of the claim form. Mileage will be checked against the AA route planner and reimbursed on this basis.
  + **Rail fares** are reimbursable at the standard rate only.
  + **Taxi fares** will only be paid for short journeys such as from the nearest train station to the interview venue (with receipt). Extensive taxi journeys will not be authorised or reimbursed.
  + **Travel by air from within the UK**

Air fare within the UK may be reimbursed in exceptional circumstances and only when it prevents an overnight stay, but must be agreed in advance of the interview.

* **Travel from abroad**

Candidates travelling from abroad by any means will be reimbursed from port of entry only (NB: Northern Ireland, the Channel Islands and Isle of Man are classed as part of Great Britain).

**Subsistence**

* **Candidates requiring overnight accomodation**

Actual receipted cost of bed and breakfast up to a maximum of £55 will be reimbursed.

* **Reimbursement for meals**

Lunch allowance £5.00

Evening meal allowance £10.00

Meals allowance per 24 hour period £20.00

Please send your claim to the following address and ensure correct postage:

**Recruitment Administrator**

**Health Education East of England**

**2-4 Victoria House**

**Capital Park**

**Fulbourn**

**Cambridge**

**CB21 5XB**