|  |  |  |
| --- | --- | --- |
|  |  | 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 | (completed by LETB) |
| First Name **IN FULL** |  |  |  | Invoice Date |   |  | / |  |  | / |  |  |
| Middle name **IN FULL** |  |  |  | PO Number | **XXHFOSTER** |
| Surname |  |  |  | FAO | ASF350/7270/T0042/M5018 |
| Address Line 1 |  |  |  |  |  |
| Address Line 2 |  |  |  |  |  |
| Address Line 3 |  |  |  | BUDGET CODE |  |
| Town/City |  |  |  |  |  |
| Post Code |  |  |  |  |  |  |  |

|  |
| --- |
| **Return address****FAO Hilary Foster****Recruitment Unit** Health Education East of England2/4 Victoria House, Capital Park, Fulbourn, Cambridge, Cambridgeshire CB21 5XBInvoice To: **Health Education England – T73** **East of England LETB****T73 Payables F485**Phoenix HouseTopcliffe LaneTingleyWakefieldWF3 1WE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 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:\_\_\_\_\_\_\_\_\_\_\_\_\_@ 33p 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 | GP Selection Assessment Centre |
| LOCATION | West Wing, Victoria House, Fulbourn, Cambs. |
| DATE(S) | From:  | To:  |
| **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 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**

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

**HEALTH EDUCATION EAST OF ENGLAND**

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

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.

**Please note:**

* Claim forms together with original receipts must be submitted to the Recruitment Unit at the address below no later than **10th March 2017**. Claims submitted late will not be reimbursed.
* If claim forms are submitted incorrectly or adjustments have to be made then the expenses will not be paid. Please ensure you type the form and print off to sign, handwritten forms will be rejected.
* It is recommended that you retain a copy of your claim and receipts.

**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).

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

**GP Recruitment Administrator**

**Health Education East of England**

**2-4 Victoria House**

**Capital Park**

**Fulbourn**

**Cambridge**

**CB21 5XB**