**New Approver Authorisation Form**

*VPD096*

**This form is to be completed by should a new or replacement Approver be required for an area. The form must be fully complete.**

**Once the form has been completed and signed, please scan and email to:**

[**e-expenses@sthk.nhs.uk**](mailto:e-expenses@sthk.nhs.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Approver** |  | | |
| **Approver e-Mail Address** |  | | |
| **Approver Job Title** |  | | |
| **To Approve Claims for this Unit (Department/Area of Work/Surgery etc.)**  **(please seek advice from the e-Expenses Team for confirmation of approving unit names)** | |  | |
| **Is this a request for a new Approver, or replacement of an existing Approver?** | | | NEW / REPLACEMENT  (delete as applicable) |
| **Please provide details of Approver being replaced** |  | | |

**Roles and Responsibilities**

* It is the approvers’ responsibility to approve mileage and expense claims for staff in their areas.
* It is the approvers’ responsibility to ensure authorisations, as above, are completed in a timely manner in line with required deadlines.

***Disclaimer***

*It is the approving managers responsibility to approve and sign off expenses claims. They must ensure that all such claims are valid and that the expenses submitted by a claimant are in respect of business related expenses.*

*Approving managers must be aware of the declaration they are making when they approve and sign off a claimant’s expenses and that false or knowingly fraudulent claims will not be approved.*

|  |  |  |
| --- | --- | --- |
| **Signature** |  | |
| **Name**  **(please print)** |  | |
| **Date** |  |

***PLEASE NOTE THAT UNTIL THIS FORM IS COMPLETED AND SUBMITTED TO THE E-EXPENSES TEAM, APPROVER ACCOUNTS CANNOT BE CREATED.***

***PLEASE ALLOW UP TO 5 WORKING DAYS FOR YOUR E-EXPENSES LOGIN DETAILS TO BE ISSUED***