

NHS Highland

**Adult Support and Protection/Child Protection  
Expenses Claim Form**

Patient CHI Number	
Dates Attended	
Claimant Name	
Practice to which payment should be sent	
Practice No	

**Details of Claim**

ITEM	UNITS	COST £
<b><u>Travel Expenses:</u></b>		
Car mileage @ 40p per mile	Miles	
<b><u>Locum costs:</u></b>		
Actual costs of employing a locum	Sessions	
(Max: ½ day @ £180.00 )		
( Full day @ £360.00 )		
<b><u>Professional Fee:</u></b>		
£35 per hour	Hours	
<b><i>Please enclose invoices/receipts with your claim</i></b>		
	<b>TOTAL</b>	<b>£</b>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For office use:</b>	
Form checked and authorised for payment	
Signed: _____	Date: _____

Please return form to:

**Ken Proctor, Associate Medical Director  
Assynt House, Beechwood Park  
Inverness IV2 3BW**

I declare that the information I have given on this form is correct and I understand that if it is not, action may be taken against me. I acknowledge that this information will be authenticated from appropriate records, and that any payment made to my practice on the basis of this information, will be subject to Payment Verification. Where Practitioner Services, acting on behalf of NHS Highland is unable to obtain authentication, I acknowledge that the onus is on my practice to retain and provide when requested, documentary evidence to support the information provided.