

NHS Highland

Expenses Claim Form

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|---|--|
| Meeting / Training Attended: | |
| Claimant Name: | |
| Practice to which payment should be sent: | |
| Practice No. | |
| Meeting & Dates | |

Details of Claim

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

Signed: _____

Date: _____

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

Please return form to: **Lynda Coles, Senior Financial Services Officer,**
Assynt House, Beechwood Park
Inverness IV23BW

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.