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| **Health Education England**  **FORM FS2 Expenses Claim Form**  **COMPLETED CLAIM FORMS SHOULD BE RETURNED TO:**  Email: publichealthnw@hee.nhs.uk  Tel: 0161 268 0587 | | | | | | | | | | | |  | | **FOR OFFICE USE ONLY** | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | | | | | | | **FOR OFFICE USE ONLY**  AMOUNT:  DATE PASSED: / / | | | | | | | | | | |
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|  | | | | | | | | | | | | **Study Leave Application Reference Number** | | | | | | | | | | | | | | | | | |  | | | | |
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| Private Address | |  | | | | | | | | | | | | | | | | | | GMC/GDC/UKPHR No. | | | | | | | | |  | | | | | |
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| Contact Phone No. | | | | | |  | | | | | | | | | Specialty | | | |  | | | | | | | | | | | | | | |
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| **TRAVEL CLAIMS** | | | | | | | Travel expenses must be claimed at the cheapest possible rates. Travel will be paid up to a maximum of a standard return rail fare from your base hospital to the course/conference/exam venue (except overseas leave) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | Journey From | | | | | | | | | Journey To | | | | | | | | | | | | Method of Transport | | | | Mileage | | | | | Total (£) | | |
|  | |  | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | £ | | |
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| COMMENTS | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please detail the other expenses you wish to claim below** | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | |
| Other Travel Claims | | | | | | | | £ | | | | | | | |  | | CODE | | | DETAIL | | | | | | | | | | £ | | p | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | |  | |
| Course Fees | | | | | | | | £ | | | | | | | |  | |  | | | Parking | | | | | | | | | |  | |  | |
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| Subsistence | | | | | | | | £ | | | | | | | |  | |  | | | Miles at per mile | | | | | | | | | |  | |  | |
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| Accommodation | | | | | | | | £ | | | | | | | |  | |  | | | Fares | | | | | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | |  | |
| No of Nights | | | | | | | |  | | | | | | | |  | |  | | | Course Fees | | | | | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | |  | |
| Other (please state) | | | | | | | | £ | | | | | | | |  | |  | | | Subsistence/Accommodation | | | | | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | |  | |
| **I DECLARE THAT** | | | | | | | | | | | | | | | | | |  | | | **AMOUNT PAYABLE** | | | | | | | | | |  | |  | |
| 1) The travelling expenses and subsistence allowances claimed are in accordance with the departments’ regulations and circulars, and are in respect of expenses actually and necessarily incurred whilst engaged on the business stated.  2) In all cases where I have claimed day subsistence allowances, I have necessarily spent more on meals than if I had been at my permanent station.  3) In all cases where I have claimed subsistence allowances for a period of more than 8 hours I have necessarily incurred expenditure on an additional meal.  4) No other claim has been or will be made by me from any other public body for expenses or allowances in connection with the business stated.  5) The motor vehicle in respect of which mileage allowance is claimed, is covered for full third party insurance including cover against risk of injury of death of passengers and damage to property.  6) The insurance policy covers the aforementioned risks when using the vehicle on official business and that the reference in the policy to passengers will be regarded by the insurance company as covering as official passengers in respect of whose transport I am claiming travel allowance.  7) The insurance company undertakes to indemnify the trust in the event of a claim being made against it as my employer to the same extent to which I am insured under the policy.  I FURTHER DECLARE  That my policy is maintained at the date of this claim and that my vehicle is maintained in a roadworthy condition. I hold a current driving license.  Note: The authority cannot accept responsibility for risks not covered by the claimants’ insurance policy. | | | | | | | | | | | | | | | | | | | | | | | | | | **FOR OFFICE USE ONLY**  CERTIFIED FOR PAYMENT  AUTHORISING OFFICER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **SIGNATURE:** | | | | |  | | | | | | | | | | | | **DATE:** | | | | |  | | |  |  | | | | | | | | |

**TYPED SIGNATURES WILL NOT BE ACCEPTED, EITHER PHYSICALLY SIGN THE FORM OR INSERT AN ELECTRONIC SIGNATURE (eg. An image of your signature)**

**PLEASE MAKE SURE ALL RECEIPTS ARE ATTACHED TO THIS CLAIM FORM**