

Please complete in BLOCK capitals. Claims must be submitted promptly at the end of each month and in the financial year to which it relates. NB - Claims exceeding 3 months will be referred to the Chief Executive.

Date Stamp

**BRISTOL NORTH
PRIMARY CARE TRUST
(Company Identifier 015)**

OFFICE USE

TRAVELLING AND SUBSISTENCE CLAIM FOR THE MONTH OF : _____

Name and Initials : _____ (Dr/Mr/Mrs/Miss) Clinic/Office base _____
 Department _____
 Home Address : _____ Position/Job Title _____
 _____ Car Details Make _____
 _____ (1st Car) cc _____
 Return Mileage Home to Clinic/Office base _____ Reg. No. _____

Payroll Number _____ Car Details Make _____
 _____ (2nd Car) cc _____
 N.I. Number _____ Reg. No. _____

BANK DETAILS **LEASE CARS**
 Bank Name and Branch _____ Milometer reading at end of month _____
 Bank sort code _____ Milometer reading at start of month _____
 Account Number _____ TOTAL MILES IN THE MONTH _____
 Account Name _____
 Roll Number _____
 (Building Society's only)

Remittances are normally sent to the base shown above.
 Please show an address below for special arrangements for this claim

INFORMATION IN THIS BOX MUST BE COMPLETED

I DECLARE THAT

- a) The travelling expenses and allowances claimed are in accordance with the Trust's policy on travelling and associated expenses and are in connection with official visits to the places visited on the date(s) shown.
- b) Where a claim for mileage is made :
 - 1. A valid third party insurance policy in respect of the vehicle (including cover against risk of injury to, or death of passengers, and damage to property while the car is used on official business) was held for the period of the claim.
 - 2. This policy will continue to be maintained while the car is used by me on official duties and will cover the use of the car on official business
- NOTE a) Lease cars are covered by a fleet policy. b) Official business includes attendance at a training course
- c) No other claim has been or will be made on any public body for expenses or allowances in connection with business stated.
- d) Where a claim for a day subsistence allowance has been made I CERTIFY THAT it was necessary to spend more on meals than is incurred when I am at my permanent station. Where claim for an evening meal allowance is made I CERTIFY THAT I was away from my home/base for more than 10 hours and that I was unable to return to my base/home before 19.00 hours.
- e) TAXATION OF ALLOWANCES - Mileage claims in respect of Emergency call-out duties are clearly indicated overleaf. In order to qualify for Tax Relief for Emergency call-outs, I attach a completed "Emergency call-out Mileage record" signed by my Manager, as applicable

DATE _____ SIGNATURE _____

I certify that to the best of my knowledge and belief that the claimant was engaged on the business or service stated on the date(s) shown overleaf and that where public transport rate is not claimed travel by a Public Service Vehicle was not appropriate. I further certify that the mileages claimed are reasonable for the journeys claimed.

Authorised signatory _____ Name (Printed) _____ Date _____
 Cost centre _____

THIS SECTION TO BE COMPLETED BY THE FINANCE DEPARTMENT ONLY

USER CODE	PERIOD	TO	LUMP SUM%	PAY DATE
MILEAGES/SUNDRIES/EXPENSES	BUSINESS MILES	PAYABLE MILES TOTAL TAX	EXPENDITURE CODE	CLAIM PREPARED BY:
ORDINARY MILES				SIGNATURE _____
PUBLIC TRANSPORT MILES				DATE _____
PASSENGER MILES				
PASSENGERS	NON - TAX	TAX		ENTERED INTO COMPUTER BY:
SUNDRY EXPENSES				SIGNATURE _____
CODE				DATE _____
CODE				
CODE				VALUE OF THIS CLAIM (£)

