Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF APRIL '12

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION

BASE: JB RUSSELL HOUSE, GARTNAVEL ROYAL HOSP

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED [redacted]

CAR REGISTRATION NUMBER [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH

BUSINESS MILES

PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE

UNIT VALUE

EXCESS RETURN FOR HOME TO BASE (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)

TOTAL MILES / COST * CLAIMED (A x B)

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	BASE TO PLACE VISITED / RETURN [5]	BUSINESS MILEAGE [6]	PUBLIC TRANSPORT MILEAGE [7]	PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	RETURN [10]	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	AMOUNT CLAIMED £ p [12]
5.4.12		GRH to Western		2							
10/4/12		GRH to Southern General		4							
11/4/12		GRH to Cadogan St		4							
13/4/12		GRH to SGH.		4							
16/4/12		GRH to SGH		4							
19/4/12		GRH to SGH.		4							
20/4/12		GRH to New City Road		3							
26/4		GRH to Edinburgh return								TRAIN RT = £21 TAXI = £9	£21 £9
TOTALS				25 miles							£30

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (6 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER NHS GREATER GLASGOW & CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF MAY 12

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION:

BASE: JB Russell House, Gartnavel Royal

VEHICLE / USER DETAILS

USER TYPE:

ENGINE SIZE (cc) OF VEHICLE USED: [redacted]

CAR REGISTRATION NUMBER: [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH / BUSINESS MILES / PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE:

UNIT VALUE:

EXCESS RETURN FOR HOME TO BASE: (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: (B)

TOTAL MILES / COST * CLAIMED: (A x B)

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	MILEAGE: BASE TO PLACE VISITED / RETURN [5]	MILEAGE: BUSINESS MILEAGE [6]	MILEAGE: PUBLIC TRANSPORT MILEAGE [7]	MILEAGE: PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	EXPENSES: TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	EXPENSES: AMOUNT CLAIMED £ P [12]
1.5.12		GRH to SGH.		4							
2.5.12.		GRH to Yorkhill to GV & back GRH.		5							
8.5.12		GRH to SGH & return		8							
9/5/12		GRH to Victoria Infirmary		6							
9/5/12		GRH to SGH.		4							
10/5/11/5		GRH to Dunfield & return.		150							
15/5		GRH to SGH		4							
16/5		GRH to Victoria Infirmary		6							
18/5		GRH to New City Road		3							
24/5		GRH to GRH to New city road		6							
28/5		GRH to Cadogan St		4							
31/5		GRH to Renfrew, Hagg/St		4							
TOTALS				204.							

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (9 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER NHS GREATER GLASGOW & CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF June '12

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip) Jennifer Armstrong

HOME ADDRESS [redacted]

DESIGNATION

BASE J B RUSSELL HOUSE, GARTNAVEL ROYAL

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED [redacted]

CAR REGISTRATION NUMBER [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH / BUSINESS MILES / PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE

UNIT VALUE

EXCESS RETURN FOR HOME TO BASE (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)

TOTAL MILES / COST * CLAIMED (A x B)

CAR CHANGED SINCE LAST CLAIM? YES — IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY — DATE OF CHANGE?

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	MILEAGE: HOME TO PLACE VISITED / RETURN [5]	MILEAGE: BUSINESS MILEAGE [6]	MILEAGE: PUBLIC TRANSPORT MILEAGE [7]	MILEAGE: PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	EXPENSES: TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	EXPENSES: AMOUNT CLAIMED £ P [12]
11/6/12		GRH to Belmont Mackenzie								TRAIN RTN 15.10 TAXI 11.50	£19.60
12/6/12		GRH to Teaching building		4							
15/6/12		GRH to Mid Glg Hospital		3						PARKING £3	£3.00
18/6/12		GRH to RAH to SGH to GRH		20							
19/6/12		GRH to RAH (Return)		20							
20/6/12		GRH to Dental hospital (Return)		6							
21/6/12		GRH to Cardiac, Larkhall (Return)		46							
22/6/12		GRH to George Square		3						PARKING £4.90	£4.90
TOTALS				102							£27.50

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (6 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER GGHB

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF January 13

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION:

BASE: JB Russell House, Gartnavel Royal Hospital

VEHICLE / USER DETAILS

USER TYPE:

ENGINE SIZE (cc) OF VEHICLE USED: [redacted]

CAR REGISTRATION NUMBER: [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH

BUSINESS MILES:

PRIVATE MILES:

EXCESS TRAVEL

CHANGE OF BASE:

UNIT VALUE:

EXCESS RETURN FOR HOME TO BASE: (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: (B)

TOTAL MILES / COST * CLAIMED: (A x B)

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE?

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	MILEAGE: BASE TO PLACE VISITED / RETURN [5]	MILEAGE: BUSINESS MILEAGE [6]	MILEAGE: PUBLIC TRANSPORT MILEAGE [7]	MILEAGE: PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	EXPENSES: TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	EXPENSES: AMOUNT CLAIMED £ p [12]
7/1/13		JBR → GYLE (R)		88							
21/1/13		JBR → VOL → SGH		38							
22/1/13		JBR → Edinburgh								TRAIN	21.80
25/1/13		JBR → Inverclyde → Newburgh		53							
28/1/13		JBR → HMP Greenock (R)		50							
TOTALS				229							21.80

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER _____

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF February 13

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION

BASE: JB Russell Hair

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED: [redacted]

CAR REGISTRATION NUMBER: [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH

BUSINESS MILES

PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE

UNIT VALUE

EXCESS RETURN FOR HOME TO BASE (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)

TOTAL MILES / COST * CLAIMED (A x B)

CAR CHANGED SINCE LAST CLAIM? _____ IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	MILEAGE: BASE TO PLACE VISITED / RETURN [5]	MILEAGE: BUSINESS MILEAGE [6]	MILEAGE: PUBLIC TRANSPORT MILEAGE [7]	MILEAGE: PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	EXPENSES: TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	EXPENSES: AMOUNT CLAIMED [12] £ p
1.2.13.		JBR → Stobhill		5							
4/2/13.		JBR → SECC (R)		8							
7/2/13.		JBR – Edinburgh								TRAIN	12.60
21/2/13.		JBR → RAH. GRA.		10							
25/2/13		JBR – Law Moss (R)		16							
28/2/13		JBR → VI.		6							
TOTALS				45							12.60

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Please refer to your current payslip				

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

NHS SCOTLAND

EMPLOYER

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)

CLAIM FOR THE MONTH OF March 13

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION

BASE: JB Russell House

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED: [redacted]

CAR REGISTRATION NUMBER: [redacted]

ODOMETER READING AT: END OF MONTH / START OF MONTH

BUSINESS MILES

PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE

UNIT VALUE

EXCESS RETURN FOR HOME TO BASE (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)

TOTAL MILES / COST * CLAIMED (A x B)

CAR CHANGED SINCE LAST CLAIM? IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE?

DATE [1]	REASON FOR JOURNEY [2]	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM [3]	MILEAGE: HOME TO PLACE VISITED [4]	MILEAGE: BASE TO PLACE VISITED / RETURN [5]	MILEAGE: BUSINESS MILEAGE [6]	MILEAGE: PUBLIC TRANSPORT MILEAGE [7]	MILEAGE: PASSENGER MILEAGE [8]	EXPENSES: TIME OF DEPARTURE [9]	EXPENSES: TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	EXPENSES: AMOUNT CLAIMED £ P [12]
11/3/13		GRH to Beardmore (R)		8							
12/3/13		SGH to JBR to Victoria Infirm		10							
13.3.13		JBR → RADISSON BLU		4							
15.3.13		JBR → HERIOT WATT UNIV (R)		86							
18.3.13		JBR → V-BL → SGH.		38							
21.3.13		SGH → GRI → New City Road		8							
22.3.13		JBR → Edinburgh								TRAIN	21.80
25.3.13		JBR → SGH.		4							
26/3/13		JBR → Edinburgh								TRAIN	21.80
27/3/13		JBR → West Lin (R)		22							
28/3/13		JBR → Edinburgh								TRAIN 12.60	12.60
TOTALS				180							56.20