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 13

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION: _____

BASE: JBR Russell Hall

VEHICLE / USER DETAILS

USER TYPE: [redacted]

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]
2.4.13.		JBR → RHSC.		3							
11.4.13		JBR → REID MCEWEN → VI ROAD		29							
15.4.13.		JBR → SGH		3							
17.4.13		JBR → Edinburgh								TRAIN. TAXI	21.80 6.50
19.4.13		JBR → Hamilton Park.		7							
24.4.13		JBR → Reid McEwen.		22.							
26.4.13		JBR → Bardmore → SGH.		14.							
29.4.13		JBR → Barlinnie → JBR		12							
30.4.13		JBR → RAH → East Kilbride (Home)		17.							
TOTALS				107							26.30

SIGNING OFFICER

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 GGHB

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

CLAIM FOR THE MONTH OF May 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]
1.5.13		JBR → RAH		10							
8.5.13		JBR → Edinburgh								TRAIN TAXI	21.50 9.25
13.5.13		JBR → NES (Leithland Quay)		3							
14.5.13		JBR → NORTON HOUSE		80							
15.5.13		JBR → Ibrox (GS) 2ND		4							
16/17/5/13		JBR → Dunbeld (R)		150							
20/5/13		JBR → Edinburgh								TRAIN	21.50
TOTALS				247							52.85

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

EMPLOYER GGHB

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

NHS SCOTLAND

CLAIM FOR THE MONTH OF June 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]	BASE TO PLACE VISITED / RETURN [5]	BUSINESS MILEAGE [6]	PUBLIC TRANSPORT MILEAGE [7]	PASSENGER MILEAGE [8]	TIME OF DEPARTURE [9]	TIME OF RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	AMOUNT CLAIMED £ p [12]
1/6/13		JBR → Edinburgh								TRAIN TAXI	21·80 9·70
6/6/13		JBR → SGH → JBR		6							
10/6/13		JBR → SGH		3							
17/6/13		JBR → IRH (R)		52							
18/6/13		JBR → EDINBURGH								TRAIN TAXI	21·80 8·75
26/6/13		JBR → EDINBURGH								TRAIN	21·80
TOTALS				61						83	85·

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 _____

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

CLAIM FOR THE MONTH OF August 13

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip): Jennifer Armstrong

HOME ADDRESS: [redacted]

DESIGNATION

BASE: JBR 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]
6/8/13		JBR → NHS FIFE (R)		112							
8/8/13		JBR → Victoria Infirmary		6							
20/8/13		JBR → GYLE (R)		88							
26/8/13		JBR → EDINBURGH								TRAIN	£12.60
TOTALS				206							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 GGHB

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

CLAIM FOR THE MONTH OF SEPTEMBER 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]	BASE TO PLACE VISITED / RETURN [5]	BUSINESS MILEAGE [6]	PUBLIC TRANSPORT MILEAGE [7]	PASSENGER MILEAGE [8]	TIME OF: DEPARTURE [9]	RETURN [10]	EXPENSES: DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED [11]	AMOUNT CLAIMED £ p [12]
6/9/13		JBR → Stirling (R) Neurosciences		67							
17/9/13		JBR → Edinburgh								TRAIN = 12.60	
18/9/13		JBR → SGH		4							
20/9/13		JBR → Edin								TRAIN = 12.60	
25/9/13		JBR → GYLE (R)		88							
26/9/13		JBR → Edin								TRAIN = 12.60	
27/9/13		JBR → GYLE (R)		88							
TOTALS				247							37.80