HOSPITAL MEDICAL & DENTAL

##### TRAVEL & ASSOCIATED EXPENSES CLAIM FORM: COMPLETION GUIDANCE

**1. GENERAL:**

These guidance notes are designed to assist you to submit accurate claims for reimbursement of expenses necessarily incurred in the course of employment.

The frequency by which you are paid (Weekly or Monthly), Pay Division, Group Code, Pay Point and Pay Number **must** be entered otherwise the form may be returned to you and payment may be delayed. The information required to complete this can be found on the front of your current payslip.  
  
You should ensure, before using your private vehicle on NHS Business, that:

* You are properly insuredto use the vehicle for that purpose**.** You must have **Business Use** included on your Certificate of Insurance. Motor Insurance must cover at least third party risk, including risk of injury to or death of passengers and damage to property.
* A valid MOT, if applicable, is held.

All drivers are required to certify that they hold a current full driving licence.

2. EMPLOYEE DETAILS:

* “**EMPLOYEE DETAILS**” at the top of the form should be completed in full and BLOCK CAPITALS.
* “**HOME ADDRESS**" should be the address at which you are normally resident throughout the working week.

3. VEHICLE / USER DETAILS:

Please indicate your car user status: regular (REG), standard (STD), public transport (PTR), lease (LC). The engine size of the vehicle must also be completed.  
  
“**LEASED CARS ONLY**”**:** Car registration and all mileage readings must be completed

**4.EXCESS TRAVEL:**

Excess Travel is payable on a temporary change of base. For those using their own car payment is at Public Transport Rate (PTR) which, is currently 27p per mile.   
Lease car users are advised to contact their Car Leasing Section for advice on tax implications of making a claim.

**5. CAR CHANGED SINCE LAST CLAIM**

Should you have changed car since your last claim please attach a copy of your insurance policy to your claim.

For change of car or user type a claim form with mileage and details up to the date of change should be submitted along with a separate form showing mileage and details from the date of change.

Should you temporarily use another, or a second vehicle please annotate the vehicle cc against mileage claimed in the vehicle. In the case of a second lease car or a replacement for a lease car please complete a separate claim.

**6. CLAIM COLUMNS:**

**Column 1:**“**DATE**”: Please use **one claim form per calendar month**.

**Column 2:** “**REASON FOR JOURNEY**”**:** This Column must be completed for each journey and should be one of the

following: - **B = Business E = Emergency Call Out S = Study Leave**

Payroll staff require this information to determine the rate of reimbursement and tax treatment (if any) for

the type of journey you are making. Care must be taken when completing the Column or you may be

reimbursed incorrectly.

**Column 3:** “**DETAILS OF JOURNEY**”**:** Please include Purpose of the trip eg HR Meeting. Full details of the business journey should be completed. If you have not travelled by car, please state the method of travel. Please note that staff who make several visits within an area do not need to list every street visited, it is sufficient to quote the area visited.

**Columns 4, to 11: MILEAGE**

**Column 4:** “**HOME TO TEMPORARY WORKPLACE VISITED**”**:** This column should be used to record return mileage from home to a place other than base & vice versa. Ordinary commuting or journeys that are substantially ordinary commuting should not be recorded in this column.

**Column 5:** “**BASE TO TEMPORARY WORKPLACE VISITED**”: This Column should be completed in all circumstances when HOME TO TEMPORARY WORKPLACE VISITED (Column 4) is completed. This hypothetical mileage is required as you are only entitled to be paid the lesser of the actual mileage (home to place visited return) or the return mileage base to place visited.  
  
The “**lesser of**” amount (lesser of the mileage entered at “home to place visited” or “base to place visited”) should be extended in Column 6, Business Mileage.

**Column 6:** “**BUSINESS MILAGE**”**:** This column should show mileage of business journey undertaken from base to place visited and return. **In the majority of claims this should be the only mileage column that needs to be completed.**

**Column 7: “HOME TO BASE MILEAGE”:** The return mileage from home to base (where specified by HM&D conditions)

**Column 8: “EMERGENCY CALL-OUT MILEAGE”:** Mileage that is claimed as a result of a call out is taxable unless all of the following requirements are met.

* **Advice has been given on handling the emergency before starting the journey**
* **Responsibility for those aspects appropriate to your duties ar4e accepted from that time**
* **You have a continuing responsibility for the emergency whilst travelling to the workplace.**

**Column 9:** If all of the above apply a “Y” should be entered in Col 9 – Advice Given.

**Column 10:** “**PUBLIC TRANSPORT MILEAGE**”**:** The following journeys are paid at public transport mileage rate:

* for local determination

**Column 11:** “**PASSENGER MILEAGE CLAIMED**”**:** If you carry any official passengers, the total miles, which you carry them, should be entered in this Column. E.g. if you carry 3 passengers on a return journey of 40 miles, 120 should be entered in this Column. Names of passengers carried should also be annotated. This column is not applicable for lease car holders or for the carrying of patients.

**Columns 12 to 15: “EXPENSES”:**

**Columns 12 and 13:** “**TIME OF DEPARTURE/RETURN**”**:** These Columns need only be completed if you are claiming subsistence of any kind.

**Column 14:** “**DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED**”**:** This Column should be used to show any other type of business expense which you have incurred e.g. subsistence, fares, parking, telephones.

**Receipts must be stapled to the back of the Claim Form**. Amounts should be entered at Column 14.

* “**CARRIED FORWARD/TOTALS**” – Boxes at foot of columns 6,7,8, 10,11 and 15 must be totalled.

All Claims should be short-ruled after the last item claimed on each form. “Short ruled,” means that all blank lines below the last entry are crossed through with a diagonal line in ink.

**7. “EMPLOYEE CERTIFICATION”** – Please ensure that you sign your claim and pass to your Certifying Officer for authorisation.

**8. “AUTHORISATION” –** It is the responsibility of the authorising officer to ensure that the form is sent to the expenses/payroll department

**9. Nb Claims over 3 months old must include the reason for the late submission**

**It is now an Audit requirement that Claims over 3 months old are to be counter-signed by the Finance Director before they can be processed.**

**Before giving consideration to signing them off the Director requires an explanation as to why the expenses were not claimed within the 3 month deadline.**

**The form should be forwarded to the Medical Staffing Team in your Placement Board as soon as possible and in any case no later than the 7th of the month in order to guarantee payment in the same month. Contact details are on the Turas Hub**