

GPSTR CLAIM AUTHORISERS

This form is to be used to identify the practice personnel that will authorise the GPSTRs business mileage claims whilst they are placed in your practice. Please provide signatures below to allow NES to confirm authorisation.

| Practice Name: | |
|----------------------------|--|
| Address Line 1: | |
| Address Line 2: | |
| Address Line 3: | |
| Postcode: | |
| Practice Email: | |
| | |
| Expense Authoriser Details | |
| Authoriser 1 | |
| Name: | |
| Position: | |
| Signature: | |
| Authoriser 2 | |
| Name: | |
| Position: | |
| Signature: | |
| Authoriser 3 | |
| Name: | |
| Position: | |
| Signature: | |

Please return the completed form to

https://nesdigital.atlassian.net/servicedesk/customer/portal/5/group/21/create/312

GP Finance, NHS Education, 2nd Floor, Westport, 102 Westport, EDINBURGH, EH3 9DN





Chair: David Garbutt Acting Chief Executive: Stewart Irvine