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| --- |
| **GP PLACEMENT TRAVEL CLAIM FORM** |
| **Full Name:** |  | **Home Postcode:** |  |
| **Payroll Number:** |  | **GP Practice Postcode:** |  |
| **GP Practice Name:** |  | **Home to GP Miles:** |  |

For home visit mileage claims please add this information in the relevant section at the bottom of this form

|  |  |
| --- | --- |
| **MONTH CLAIMING FOR:** |  |

The below table shows dates each month. For each date that you wish to claim travel expenses for, please enter the number of single journeys in the box below the date. *(A normal day would be a return journey so you would enter the number 2)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th**  | **7th**  |
|  |  |  |  |  |  |  |
| **8th** | **9th** | **10th** | **11th** | **12th** | **13th** | **14th** |
|  |  |  |  |  |  |  |
| **15th** | **16th** | **17th** | **18th** | **19th** | **20th** | **21st** |
|  |  |  |  |  |  |  |
| **22nd** | **23rd** | **24th** | **25th** | **26th** | **27th** | **28th** |
|  |  |  |  |  |  |  |
| **29th** | **30th** | **31st** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total number of single Journeys in the month:** |  |
| **Number of miles per single journey (taken from above figure):** |  |
| **Total Number of Miles to be claimed for the month =** |  |

**To ensure payment for the next pay period please submit claim by 5th of the month.**

Signature of Trainee: ………………….…………………………………………… Date: …………………………….

Signature of Clinical Supervisor/Practice Manager: ………………………………………… Date: …………………………….

**Unsigned Claims will not be approved. The manager/CS is signing to say that they agree that you worked these days and were not on annual leave, sick leave or attending teaching.**

**Please submit claims on a regular basis. Claims more than 3 months old will not be paid.**