



CLAIM FOR TRAVELLING EXPENSES

For the period from _____ to _____

NOTES

1. Payment will be made on the shortest practicable route
2. Claims must be submitted WEEKLY
3. All receipts should be attached, where appropriate
4. Advantage must be taken of all available cheap fares
5. Doctors travelling from outside Northern Ireland will be paid from point of entry unless otherwise agreed.

PARTICULARS OF CAR
Make _____
Model _____
Year _____
Reg. No _____
C.C. _____
As per registration book

PERSONAL DETAILS
Name _____
Grade _____ Dept. _____
Hosp. Worked _____
Home Address _____

Date	Time of Departure	Time of Return	Details of all journeys undertaken	Mode of Travel	Distance from base to places visited and returned	Number of Miles Claimed
Total miles claimed						

I DECLARE THAT:-

- a) The expenses claimed herein have been wholly exclusively and necessarily incurred on the business of the locum.
- b) No other claim for these expenses has been or will be made from any other source
- c) The vehicle engine capacity in C.C. as stated in the log registration log book
- d) Claims must be submitted weekly
- e) A separate form must be completed for each week

Locum Signature _____ Date _____