

CLAIM FORM FOR PATIENT AND PUBLIC INVOLVEMENT ACTIVITY

Surname	Initial	Title
Address		
Postcode	Contact telephone no:	

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Travel by private car, motorcycle, bike, and additional passengers

Date	From (place started)/ To (place ended)	Reason for claim	Miles
No of miles() x current rate per mile = total to be claimed in this section			£

Public Transport (including taxi, when pre-approved)

Date	Details of journey From / To	Reason for claim	Amount claimed
			£
			£

Other Expenses,

Date	Details of claim e.g. car park fees, (for childcare/carer please complete separate form)	Reason for claim	Amount claimed
			£
			£

Office supplies – fixed amount

Date	Details of claim e.g. broadband usage, printing, telephone charges	Reason for claim e.g. date of meeting	Fixed amount at £5

Receipts attached No	Total amount claimed £
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Payment will be made by cheque to the name & initial as given above. If different, please state in capitals

Declaration I declare that the expenses claimed were necessarily and correctly incurred		
Signed	broadband costs (fixed cost of	Date

Passed for payment by (name and title) Date

This form must be signed/approved by a member of the Communications and Engagement team prior to claim being approved. Colleagues from other departments will be asked to confirm attendance from claimant prior to claim being submitted.