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| **B - BROAD BASED TRAINING - STUDY LEAVE EXPENSES CLAIM FORM** (COMPLETE *AFTER* LEAVE)  **Please forward to Peninsula or Severn BBT Administrator as appropriate. This form MUST be typed – if it is handwritten it will be rejected.**  |
|  |  |  |  |
| **Surname** |   | **Forename(s)** |  |
| **Trust** |   | **Current Specialty** |   |
| **Email Address** |  | **Tel** |  |
| **Current Address** |  *This address will be used as the Deanery correspondence address* |
| **GMC Number (or equivalent for Dental/PHM trainees)** |  |
| **Purpose of Study Leave (e.g. name of course, conference)** |
|  |
| **Dates** | **From:** |  | **To:** |   |
| **PLEASE PROVIDE YOUR BANK DETAILS FOR BANK TRANSFER PAYMENT:** |
| **Bank Name** |    | **Account No** |   |
| **Sort Code** |   | **Account Holder Name** |  |
| **PLEASE NOTE: All claims must be supported by original receipts, only standard class rail fares may be claimed, car sharing is encouraged, you may claim an allowance for passengers, and reimbursement may take up to six weeks. *You must also send a* copy *of your Proof/Certificate of Attendance*.** |
| **Expense Type** | **Amount Claimed** |
| **Course Fees (attach original receipts)**  |  £ |  |
| **Fares, tolls, parking fees (attach original tickets/receipts)** |  £ |  |
| **Subsistence/misc expenses (attach original receipts)** |  £ |  |
| **Car Travel** | **Total Miles travelled (no. of miles)** |  | **Deduct Home to Base Mileage** |  | **Mileage Payable @** £0.24 per mile |  | £ |  |
| **Car Sharing** (minus home - base mileage) | **Passenger Name(s)** |  | **Passenger Miles Travelled** |  | **Mileage Payable @** £0.05 / mile |  | £ |  |
| **Bicycle Travel** | **Total Miles travelled** |   | **Mileage Payable @** £0.10 / mile |  | £ |  |
| **Total REQUESTED – UNCONFIRMED AMOUNT** | £ |  |
|  |
| **Declaration** |
| ***I am applying for the expenses detailed and declare that*:** |
| **- the travelling expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown** |
| **- No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated** |
| Applicant's Signature: |   | **Date:** |   |
|  |
| **OFFICE USE ONLY:** |  **Invoice Number:** |  |
|  |
| **Authoriser’s Signature AND date** |  | **Approved for payment** |  |  | **/** |  |  |
| **Yes** |  | **No** |  |
| **TOTAL AMOUNT PAYABLE TO INDIVIDUAL – AUTHORISED TOTAL** | **£** |