# NON STAFF GENERAL EXPENSES CLAIM FORM – PART A IMMDS Review

MEETING DATE:			TOTAL (£)	
REASON FOR CLAIM:				
PUBLIC TRANSPORT*	MODE			
	FARES PAID		£	
CAR MILEAGE RATE (45p per mile)	NO. OF MILES		£	
MISC* (Taxi, Tolls, Parking, Hotel etc)	ITEM			
	RECEIPTED COST		£	
	AMOUNT CLAIMED		£	
		GRAND TOTAL	£	
* Copies of receipts M	<u>UST</u> be provided in orde	er to receive reimbursement.		
CLAIMANT DECLARATION	ON			
I hereby request payment of this claim totalling £				
I declare that the expenses claimed were necessarily and correctly incurred. The claim is subject to verification and the resulting payment may differ.				
Signed:				
Please print name in full:				
Date:				
Please ensure you complete your bank details in part B.				
		IPLETED BY COST CENTRE APPROV		
CERTIFICATION & CODING (NOTE: A Purchase Order is NOT required)  COST CENTRE: 26978 ACCOUNT CODE:				
COST CENTRE. 20978	ACCOUNT	CODE.		
I am an approving manager for the above cost centre and satisfied that the claim is correct for payment.				
Signed: Date:				
Please print full name:				
		<del></del>		

## TO BE COMPLETED IN CAPITAL LETTERS BY CLAIMANT – PART B First name: **Surname:** Address (incl. postcode): **Telephone No:** E-mail Address: **Sort Code:** Account No: Name as it appears on the above Account: Name of Bank: PLEASE SUBMIT BOTH PARTS OF THE COMPLETED FORM TO YOUR SPONSOR PREFERABLY IN PDF FORMAT To be completed by sponsor: **Sponsor Name: Geoff Delissen Department of Health and social Care** Address: **Resolution Patient Experience and Maternity Branch Quarry House Quarry Hill Leeds LS2 7UE**

Telephone No:	0113 2545857	
E-mail Address:	geoff.delissen@dh.gsi.gov.uk	

## **RATES FOR CLAIMANTS**

### **Travel by public transport**

- Rail and air tickets standard class for rail and economy class for air. Scanned copies of tickets must be submitted.
- Taxis may be used for local journeys (less than five miles) copies of receipts must be submitted.

### **Travel by private transport/mileage**

- Car 45p per mile
- Motorcycle 24p per mile
- Cycle 20p per mile
- Parking costs will be met (receipts required) although excess parking fees or fines will not be paid.

Completed expense forms should be submitted asap to your sponsor preferably in PDF format. Please refer any queries to your sponsor.