

Expenses / Reward Claim Form

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THE FORM

Participant details

Name:	Note: please tell us how your name should appear on the cheque
Address:	Note: please tell us the address we should send your cheque to
Postcode:	
Telephone number:	
Email:	

Activity details

Name of activity / meeting (and name the service it relates to if applicable)	
Date of activity	
Name of the person who organised the meeting or event	

Reward payment	
Has a reward payment been agreed? (circle or delete as applicable)	Yes / No

Type of expenses claimed (completed by claimant)	This column to be completed by the event organiser
Travel by private car @ 45p per mile: miles	£
Travel by motor cycle @ 24p per mile: miles	£
Travel by pedal cycle @ 20p per mile: miles	£
Number of passengers (if any):	



Passenger mileage costs (5p per mile per passenger):	£	
Public transport type:	£	(receipt required)
Other expenses (eg. parking, taxi*): * only if pre-authorized by involvement organiser	£	(receipt required)
Care costs (if agreed in advance):	£	(receipt required)
TOTAL	£	

Signature of claimant	
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Authorised by: (name, signature, position)	Date
	Cost centre:
	Subjective:

Please send the completed form by post or by email to the addresses below (original receipts are required for public transport or parking):

Josh Broadway Community Relations and Membership Engagement Officer NHS Clinical Commissioning Group Offices 36-38 Friars Walk Lewes BN7 2PB
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Or email it to the address for your CCG area:

HRCCG.enquiries@nhs.net
EHSCCG.enquiries@nhs.net