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|  |  | INVOICE |

**Please Type or complete in BLOCK CAPITALS**

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| Title | Dr | | | | | | | |  |  | Invoice Number | ASK514-GP ST BUDGET- 00000 | | | | | | | |
| First Name | Jennifer | | | | | | | |  |  | Invoice Date | 0 | 8 | / | 1 | 1 | / | 1 | 3 |
| Middle Initial | M | | | | | | | |  |  | PO Number | XXSREBEIRO | | | | | | | |
| Surname | Rayner | | | | | | | |  |  | FAO |  | | | | | | | |
| Address Line 1 | 21 Sycamore Road | | | | | | | |  |  |  |  | | | | | | | |
| Address Line 2 |  | | | | | | | |  |  | **Please Note: All GP Claims/Training Grants must be submitted for initial authoisation to:**  Shirelee Rebeiro  GP Claims Administrator  HEKSS  7 Bermondsey Street  London  SE1 2DD |  | | | | | | | |
| Address Line 3 |  | | | | | | | |  |  |  |  | | | | | | | |
| Town/City | Guildford | | | | | | | |  |  |  |  | | | | | | | |
| Post Code | G | U | 1 |  |  | 1 | H | J |  |  |  |  | | | | | | | |

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| Invoice To:  **Health Education England – T73**  **KSS LETB**  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Tingley  Wakefield  WF3 1WE |

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| Bank Account Number | Bank Account Sort Code | bank account name | Swift code  (overseas only) | E-mail address for  remittance advice |

***46257043 07 01 16 Nationwide jmstanger@googlemail.com***

***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN THE REMITTANCE BEING MADE BY CHEQUE, WITH INEVITABLE PAYMENT DELAYS.***

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| **Total Value of the Claim** | **£106.13** |

**Cost Centre: ASK514.7300.T1119.M5018**

**Certification of Claim – FOR OFICE USE ONLY**

Training Year allocation ( months @ £44 pm in GP) = £\_\_\_\_\_\_\_\_

Reimbursement already claimed/paid: £\_\_\_\_\_\_\_\_\_

Allocation remaining prior to this reimbursement £\_\_\_\_\_\_\_\_

Dates From 07/08/13 to 05/08/14 ST

I have checked this claim and am satisfied it is correct for payment. Checked by:

Please fill in the breakdown of the claim on the following page

**Details of the claim**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Travel Expenses | | |  | | | |  |
| Start Location: | | | | | Finish Location: | | |
| Public Transport | | Mode of transport:  ***(Receipts must be attached)*** | | | | | **£** |
| **Private Transport** | | Total Number of Miles: 46.4 @ 24p per mile  ***(Mileage will be calculated at quickest route)*** | | | | | **£11.13** |
| *Passengers*  ***(Reimbursed at 5p per mile per passenger)*** | | Name(s) of passenger(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total miles travelled with passenger \_\_\_\_\_\_\_\_\_\_\_  ***(Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by the Deanery)*** | | | | | **£** |
| Subsistence | | *Accommodation Expenditure* | | | | | **£** |
| *Meal Expenditure* | | | | | **£** |
| Other Expenses | | *Please specify below:* | | | | | **£** |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**  **Where there is no receipt a full written explanation must be attached**  **Please read the guidance notes you obtained along with this claim form very carefully.**  **The Deanery reserves the right to reimburse the cheapest option wherever relevant.** | | | | | | | |
| EVENT/ACTIVITY | GP Registrar Residential Educational Workshop | | | | | | |
| LOCATION | Cumberland Lodge | | | | | | |
| DATE(S) | From: 23.05.2018 | | | | | To: 24.05.2018 | |
| **Resource Fee / Backfill / Course Fee** | | |  | | | | **Amount Claimed** |
| Resource Fee /Backfill Payment/Course Fee | | | |  | | | £106.13 |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.**  **Name: Jennifer Rayner**  **Signed: Date: 20.06.2018** | | | | | | | |
| **Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.**  **Name:**  **Signed: Date:** | | | | | | | |

**This form then needs to be returned to the LETB for authorisation before submission to SBS**

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| **Authorised By:**  **Name: Sandra Forster**  **Position: Primary Care Business Manager**  **Department: Department of Postgraduate General Practice Education**  **Contact Number:**  **Signed: Date:** |