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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 RebeiroGP Claims AdministratorHEKSS7 Bermondsey StreetLondonSE1 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 HouseTopcliffe LaneTingleyWakefieldWF3 1WE |

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| --- | --- | --- | --- | --- |
| Bank Account Number | Bank Account Sort Code | bank account name | Swift code (overseas only) | E-mail address forremittance 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:**  |