## Expense claim form for PSPs

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| **Name:** **……………………………………………**  **Address: ……………………………………………**  **……………………………………………**  **……………………………………………**  **Vehicle registration no: …………………………**  **Engine capacity (cc): ……………………………**  **Make and model of vehicle: ………………………………………………………………………………………………………………**  **Please note that mileage will be reimbursed at HMRC rate of 45p per mile, unless otherwise agreed with the event organiser.** | 1. **Date of meeting: ………………………………………………** 2. **Name and contact details for meeting organiser:** 3. **………………………………………………**   **………………………………………………**  **Please arrange reimbursement by (tick preferred option):**  *[Options offered by the organisation should be included here, eg cheque, direct payment]* |

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| **Date** | **Details of complete journey each day**  **(starting and finishing at home) (A)** | | | | **Parking expenses (B)** | **Accommodation, subsistence and other expenses (eg telephone calls) (C)** | |
|  | **Public transport** | | **Vehicle mileage** | |  | **Detail** | **Cost** |
|  | **Mode** | **Cost** | **From** | **To** |  |  |  |
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**Attendee declarations (please tick to confirm your agreement):**

**1**. I confirm that the above expenses have been incurred as a result of working in partnership with *[include organisation name here]*and comply with the Patient and Public Involvement Expenses and Involvement Payments Policy ❑

**2.** The motor vehicle for which I have claimed a mileage allowance above is insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts. I hold a valid driving licence ❑

**Please email your claim form to XXXX. Please note that you will be paid by** *[include organisation approach to payment here]* **within 14 days of receiving your claim form (and supporting documentation).** All personal data will be securely stored and appropriately managed in line with the Data Protection Act 1998.

**Internal use**

**Please complete before sending the form to the *finance department.***

Authorised budget holder: Signature: ………………………. Print name: ……………………………

Designation: …………………………. Cost centre: …………………….. Date: \_\_ /\_\_ /\_\_\_