

**Travel Expense Form**

**NOTES FOR COMPLETION OF EXPENSE REPORT**

1. Forms must be complete, signed and authorised. Failure to do so will necessitate your claim being returned.

2. All completed claims need to be authorised by your line manager who will authorise & send to [accounts@southernfsu.co.uk](mailto:accounts@southernfsu.co.uk) for processing.

3. All claims must be submitted within 3 months of incurring the expense.

4. All relevant columns should be completed in order to process your claim.

5. Miles payable is all miles undertaken in the course of work on behalf of GP Federations except home to base and base to home mileage.

6. Home to base mileage will be based on the shortest route provided by RAC, in order to provide consistency.

7. Dates must always be stated.

8. Only miles payable should be included on the Journey plan

9. All vouchers, receipts, etc. should be retained for 3 months after approval.

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| **Name** |  | **Federation/ FSU** |  |
| **Home Address:** |  | **Mileage from home to Base:** |  |
|  | **Base 1** |  |
| **Base 2** |  |
| **Car Reg** |  | **Make & Model** |  |
| **Claim Period** |  | | |

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| --- | --- | --- | --- | --- |
| **Date** | **Start Location- End Location** | **Miles Payable** | **Other expenses (E.g. parking)** | **Reason for Journey** |
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|  | **TOTAL** | - |  |  |

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| **Employee Declaration** |
| * The expenses claimed herein have been wholly, exclusively and necessarily incurred on the business of the GP Federation. * The expenses and allowances claimed are in accordance with all relevant regulations and /or Policies. * No other claim for these expenses has been or will be made from any other source. * I confirm that I comply with all legislative requirements to drive namely but not exclusively, I have had a current driving licence at the time of the journey; that my vehicle insurance provides appropriate cover and that my vehicle meets all necessary road worthiness standards.   ***I understand that if I knowingly provide false information, this may result in disciplinary action, and I may be liable for prosecution and civil recovery proceedings. GP Federations are required by law to protect the public funds. Information provided may be shared with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.***  Signed: Date: |
| **Approver Declaration** |
| I HEREBY CERTIFY THAT:   * All journeys to which this claim relates were necessary for the performance of the official duties of the officer. * The expenses and allowances claimed are in accordance with all relevant regulations and/or Policies. * The mileage claimed for each journey is appropriate and acceptable. * No other claim for these expenses has been made from any other source.   ***THE CLAIM AS SUBMITTED HAS BEEN CHECKED AND IS DULY APPROVED FOR PAYMENT***  Signed: Date:  Job Title: |

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| *For Office Use Only* | | | |
| Date | Miles | Other | Checked & processed by |
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