|  |  |  |
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|  |  | INVOICE |

**ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. THEY MUST ALSO BE COMPLETD IN FULL. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON PAYMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | Invoice Number | (completed by LETB) | | | | | | | |
| First Name **IN FULL** |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | Invoice Date |  |  | / |  |  | / |  |  |
| Middle name **IN FULL** |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | PO Number |  | | | | | | | |
| Surname |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | FAO |  | | | | | | | |
| Address Line 1 |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | | | | | | |
| Address Line 2 |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | | | | | | |
| Address Line 3 |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | | | | | | |
| Town/City |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  | | | | | | | |
| Post Code |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  | | | | | | | |

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| **Catherine English – PMDE GP**  **Health Education West Midlands**  **St Chads Court**  **213 Hagley Road**  **Edgbaston**  **Birmingham B16 9RG**  Invoice To:  **Health Education England – T73**  **West Midlands 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.***

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

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:\_\_\_\_\_\_\_\_\_\_\_\_\_@ 33p per mile  ***(Mileage will be calculated at quickest route)*** | | | | | **£** |
| *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 |  | | | | | | |
| LOCATION |  | | | | | | |
| DATE(S) | From: | | | | | To: | |
| **Resource Fee / Backfill / Course Fee** | | |  | | | | **Amount Claimed** |
| Resource Fee /Backfill Payment/Course Fee | | | |  | | | £ |
| **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:**  **Signed: Date:** | | | | | | | |
| **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:**  **Position:**  **Department:**  **Contact Number:**  **Signed: Date:** |