

MILEAGE REMIBURSEMENT CLAIM FOR PRACTICES FOR SPECIAITY REGISTRARS

SURNAME: _____ INITIALS: _____		Completed authorised forms should be sent to: MRS SUE HUXLEY PRIMARY CARE DEPARTMENT ISAAC MADDOX HOUSE SHRUB HILL ROAD WORCESTER WR4 9RW <i>Tel: (01905) 760112</i>	<u>NOTES</u> http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm Mileage claims: Registrars based at a practice: a) Where GP Registrars use their private vehicle for any official journey for the purposes of the practice, including travel in connection with domiciliary consultations, mileage allowances (including passenger allowances) will be payable in accordance with Schedule 1 Allowances, Accommodation, Removal and Associated Expenses of GP Registrars in General Practice (July 2007) b) No mileage allowance shall be payable to a GP Registrar for their normal daily journey between their home and the practice premises except that a mileage allowance shall be payable for one return journey on any day between their home and the practice premises, up to a maximum of ten miles in each direction, when they subsequently use their car on an official journey on that day. c) Where, in the case of a GP Registrar placement commencing prior to 1 st August 2007 and ending on or after 1 st August 2007, arrangements under these directions are already in place for the payment of an additional motor vehicle allowance, those established arrangements shall continue for the duration of the placement and the mileage allowances are not payable Passenger Mileage Where other employees or partners in the GP's Trainer's practice are conveyed in the same vehicle on practice business and their fares, if they traveled by public transport, would otherwise be payable by the practice, passenger allowances at the rates set out in Annex 3 shall be payable. Passenger names to be detailed in the appropriate column. No allowance is payable in respect of the conveyance of patients or non NHS employees. Taxi Fares etc Such fares are not normally reimbursed. In the absence of the use of a car only mileage at Public Transport rate will apply. Official journey The return distance by the shortest practicable route from base to place(s) visited and return to base (excluding any mileage in respect of lunchtime or any other private mileage). Training and courses This claim form should only be used for claiming mileage for practice business e.g. home visits. It should not be used to claim mileage for training, courses etc as these are dealt with direct with the course organisers.
HOME ADDRESS: _____ _____ Post Code			
BUSINESS TELEPHONE NO: _____			
PRACTICE BASE: _____ Post Code			
MILEAGE FROM HOME TO OFFICIAL BASE AND RETURN: _____ Regular Rate user Standard Rate User YES / NO (delete as appropriate) YES / NO			
DECLARATION BY CLAIMANT (please read carefully before signing) 1. I DECLARE THAT: a) The travelling expense and subsistence allowances claimed are in accordance with the National Health Service Regulations and Circulars and are in respect of mileage actually incurred whilst engaged on the practice business stated. b) The motor vehicle, where used was that of which details have previously been given. c) The motor vehicle insurance policy current throughout the period of this claim provided, whilst the vehicle was used on official business, full third party insurance cover including cover against risk of passengers and damage to property, injury to or death of passengers and damage to property. (vehicle must be insured for business use) d) The motor vehicle in respect of which this claim is made has been maintained in a roadworthy condition throughout the period of the claim. e) I hold a valid current driving licence. Claimants Signature: _____ Date: _____ (Registrar)		2) CERTIFIED BY PRACTICE I Certify that to the best of my knowledge and belief and as far as I can practically ascertain the claimant was engaged on the official business stated on the dates shown overleaf and confirm both the accuracy and the necessity for the journey(s) claimed. All parts of this claim have been completed. I Certify that I claim reimbursement of this mileage on behalf of the practice and agree the payback of any overpayment made inappropriately or in error. Print Name: _____ Signature: _____ Designation: _____ On behalf of: _____ (GP Trainer/Practice Manager)	
TAXATION The reimbursement of mileage claims is made direct to a practice only Practices and registrars are reminded that the reimbursement of business mileage has tax implications and it is their responsibility to advise any relevant bodies. I CERTIFY That I understand and accept responsibility for any tax implications as a result of this claim. Should I submit a claim that is false or misrepresented, I may be subject to further investigation and agree to pay back any overpayments made to me inappropriately or in error Claimants Signature: _____ Date: _____ (Registrar)			
Value Claimed	Date	Initials	

SPECIALTY REGISTRAR MILEAGE TRAVEL CLAIM FORM – PRACTICE BUSINESS ONLY

DATE	REASON FOR JOURNEY	JOURNEY FROM (The starting point, please include postcodes)	JOURNEY TO (The end point, please include postcodes)	Return Journey? (Please indicate Yes or No)	Official Mileage (Including return mileage)	Names of Passengers carried	Pass. Miles
No of individual days vehicle used (b)				TOTAL	(a)		

ALL COLUMNS, ETC, ABOVE MUST BE COMPLETED AND TOTALS INSERTED. WHERE NECESSARY AN ADDITIONAL FORM SHOULD BE COMPLETED. CLAIMS MUST BE SIGNED AND CERTIFIED OVERLEAF. CLAIMS MUST BE SUBMITTED ON A MONTHLY BASIS IN ACCORDANCE WITH STANDING FINANCIAL INSTRUCTIONS. ONLY EXPENDITURE CLAIMED WITHIN 3 MONTHS OF IT BEING INCURRED WILL BE REIMBURSED.

FOR WPCT USE ONLY:	VALUE CLAIMED:		AUTHORISED BY:		
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