|  |  |  |
| --- | --- | --- |
|  |  | INVOICE |

**This form must be TYPED and COMPLETED in FULL, failure to do this will result in a delay or NON PAYMENT** (LETB use only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number |   |
| First Name(In Full) |  |  |  | Invoice Date |   / /  |
| Middle Initial(In Full) |  |  |  | PO Number | **XXLKING** |
| Surname |  |  |  | Code | ASZ008 /\_ \_ \_ \_ /T\_ \_ \_ \_ /M5018 |
| Address Line 1 |  |  |  |  | (not required for internal courses) |
| Address Line 2 |  |  |  | TIG Chair Approval |  |
| Address Line 3 |  |  |  | Date |   / /  |
| Town/City |  |  |  |  |  |
| Post Code |  |  |  |  |  |

|  |  |
| --- | --- |
| Invoice To: **XXLKING****Health Education England**South West LETB**T73 Payables F485**Phoenix HouseTopcliffe LaneWakefieldWF3 1WE |  |

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

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

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

Please complete the breakdown of the claim on the following page

**Details of the Claim**

|  |  |  |
| --- | --- | --- |
| Expenses |  |  |
| **Course/Meeting Fee**  | **£**  |
| Details of Journey – *(start-> to -> finish)* |  |  |
| Public Transport  | **Mode of transport:** *(Receipts must be attached)* | **£**  |
| **Private Transport** | **Total Number of Miles: \_@ 24p per mile***(Mileage will be calculated at shortest route)* | **£**  |
| ***Passengers*** *(Reimbursed at 5p per mile per passenger)* | **Name(s) of passenger(s): \_\_\_\_****Total miles travelled with passenger \_***(Passengers must be travelling to the same event & also entitled to reimbursement of travel expenses)* | **£**  |
| Subsistence  | *Accommodation Expenditure* | **£**  |
| *Meal Expenditure* | **£**  |
| Other Expenses*Please specify:-* |  | **£**  |
|  | TOTAL AMOUNT OF CLAIM | £  |

|  |
| --- |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)** Please read the guidance notes you obtained along with this claim form very carefully. Courses and meetings must be related to your fellowship and be within the UK.Where there is no receipt a written explanation must be attached and payment will be at the discretion of Health Education England. Health Education England reserves the right to reimburse the cheapest option wherever relevant.  |
| COURSE/MEETING |  |
| LOCATION |  |
| DATE(S) | From:  | To:  |

|  |
| --- |
| **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.****Signed: Date:**  |

**Please return this completed form by email to** SEVRecruitment.SW@hee.nhs.uk

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| --- |
| **Authorised By****Name : Contact Number:** **Signed : Date:**  |