**Monthly excess travel expenses claim form**

Please complete in BLOCK CAPITALS

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Assignment no |  |
| Job title |  | Base / hospital |  |
| Home address |  |
| Month |  |  |  |

Please select:

|  |  |
| --- | --- |
| [ ]  Car / Motorcycle[ ]  Bus (tickets / receipts must be attached) | [ ]  Train (tickets / receipts must be attached)[ ]  Season ticket (tickets / receipts must be attached) |

Please circle the dates for which travel is claimed and select if it was a Single (S) or Return (R) journey, select (P) if you carried a passenger and in the adjacent box the number of passengers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Type of journey** | **Passenger** | **Numbers** |  | **Date** | **Type of journey** | **Passenger** | **Numbers** |
| 1 | [ ]  S | [ ]  R | [ ]  P |  |  | 17 | [ ]  S | [ ]  R | [ ]  P |  |
| 2 | [ ]  S | [ ]  R | [ ]  P |  |  | 18 | [ ]  S | [ ]  R | [ ]  P |  |
| 3 | [ ]  S | [ ]  R | [ ]  P |  |  | 19 | [ ]  S | [ ]  R | [ ]  P |  |
| 4 | [ ]  S | [ ]  R | [ ]  P |  |  | 20 | [ ]  S | [ ]  R | [ ]  P |  |
| 5 | [ ]  S | [ ]  R | [ ]  P |  |  | 21 | [ ]  S | [ ]  R | [ ]  P |  |
| 6 | [ ]  S | [ ]  R | [ ]  P |  |  | 22 | [ ]  S | [ ]  R | [ ]  P |  |
| 7 | [ ]  S | [ ]  R | [ ]  P |  |  | 23 | [ ]  S | [ ]  R | [ ]  P |  |
| 8 | [ ]  S | [ ]  R | [ ]  P |  |  | 24 | [ ]  S | [ ]  R | [ ]  P |  |
| 9 | [ ]  S | [ ]  R | [ ]  P |  |  | 25 | [ ]  S | [ ]  R | [ ]  P |  |
| 10 | [ ]  S | [ ]  R | [ ]  P |  |  | 26 | [ ]  S | [ ]  R | [ ]  P |  |
| 11 | [ ]  S | [ ]  R | [ ]  P |  |  | 27 | [ ]  S | [ ]  R | [ ]  P |  |
| 12 | [ ]  S | [ ]  R | [ ]  P |  |  | 28 | [ ]  S | [ ]  R | [ ]  P |  |
| 13 | [ ]  S | [ ]  R | [ ]  P |  |  | 29 | [ ]  S | [ ]  R | [ ]  P |  |
| 14 | [ ]  S | [ ]  R | [ ]  P |  |  | 30 | [ ]  S | [ ]  R | [ ]  P |  |
| 15 | [ ]  S | [ ]  R | [ ]  P |  |  | 31 | [ ]  S | [ ]  R | [ ]  P |  |
| 16 | [ ]  S | [ ]  R | [ ]  P |  |  |  |  |  |  |  |

|  |
| --- |
| Please state the names of any passengers (if applicable) |
|  |

Should the basis of this claim change in anyway, notify the Payroll Department in writing?

|  |  |
| --- | --- |
| Signature of claimant |  |

**To be completed by line manager**

I certify that to the best of my knowledge and belief, the claimant incurred excess travelling expenses as shown on this claim and I can confirm that this claim is within the four year claim period.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of line manager |  | Date |  |
| Designation  |  |

Once complete, forward to Payroll Department, Moston Lodge, Countess of Chester Hospital, Liverpool Road, Chester CH2 1UL

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Daily mileage / cost | No of days | Rate (PTR or lease) | Total |
|  |  |  |  |
|  | Month paid |  | Initials |  |