**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 |  |