

NIMDTA Expense Form Doctors and Dentists in Training

PL Code

| Date | Departure | | Arrival | | Mileage | Passenger(s) Please State names | Fares | Registration/ Course Fees | Lay Rep /Locum/ loss of Earnings | Subsistence/ Hospitality/ Other | Reason for Journey/Activity |
|--------|-----------|------|---------|---------|---------|---------------------------------|-------|---------------------------|----------------------------------|---------------------------------|-----------------------------|
| | From | Time | At | Time | | | | | | | |
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| Totals | | | | miles @ | | = £ | _____ | _____ | _____ | _____ | Total: _____ |

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| <p style="text-align: center;"><u>This Section Must Be Completed</u></p> <p>First Name: _____</p> <p>Surname: _____</p> <p>Specialty: _____ Grade: _____</p> <p>Job Title: _____ Base: _____</p> <p>All payments will be made direct to your bank account. Please visit www.nimdtg.gov.uk for expense guidelines.</p> <p><i>Please download and complete a bank mandate form from the NIMDTA website if you have not previously been reimbursed or if your bank details have recently changed. It is your responsibility to inform NIMDTA of any changes or your payment may be delayed.</i></p> <p style="color: red;"><i>Please note only one bank account can be held in our records</i></p> | <p style="text-align: center;"><u>Car Details (Please Complete)</u></p> <p>Make: _____</p> <p>Model: _____</p> <p>Engine cc: _____</p> <p>Car Registration: _____</p> <hr/> <p>Address <u>(this section must be completed)</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <hr/> <p>CONTACT TEL: _____</p> <hr/> <p>EMAIL: _____</p> <hr/> <p style="text-align: center;"><u>Study Leave Expenses Only</u></p> <p>Study Leave Application No: _____</p> | <p style="color: red;"><i>All expense forms must be supported by receipts. Failure to provide such evidence will prevent Payment.</i></p> <p><i>The expenses claimed herein have been wholly, exclusively and necessarily incurred on the business of the HSC organisation. The expenses and allowances claimed are in accordance with all relevant regulations.</i></p> <p><i>No other claim for these expenses has been or will be made from any other source.</i></p> <p><i>All journeys undertaken are in accordance with the HSC Organisation's Driving for Work policy if applicable.</i></p> <p><i>I confirm that I comply with all legislative requirements to drive namely but not exclusively, I have had a current driving licence at the time of the journey; that my vehicle insurance provides appropriate cover and that my vehicle meets all necessary road worthiness standards.</i></p> <p><i>I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. HSC organisations are required to protect public funds and Information provided may be shared with other bodies' responsible for auditing or administering public funds, in order to prevent and detect fraud.</i></p> |
| | | <p>SIGNED: _____ DATE: _____</p> |

EXPENSES CLAIM FORMS MUST BE SUBMITTED WITHIN 3 MONTHS OF THE DATE THE EXPENSE WAS INCURRED. FAILURE TO DO SO MAY RESULT IN NON-PAYMENT

Schedule of Travel and Subsistence Entitlements for Doctors and Dentists in Training

Travel

Mileage allowance will be paid on the basis of 24p per mile. Taxi fares will only be paid if alternative public transport is not available.

Note: Mileage must be calculated from either home or place of work (whichever is shortest). To satisfy Inland Revenue requirements all claims will be checked and adjusted if necessary.

Passenger allowance

Each passenger: 5p per mile

Note: Must provide names to substantiate claim.

Accommodation

Hotels

Actual receipted cost of bed and breakfast up to the following limits:

£130 plus a meal allowance of £20 to cover the necessary cost of a main evening meal and one other daytime meal (London)

£100 plus a meal allowance of £20 to cover the necessary cost of a main evening meal and one other daytime meal (outside London)

Non-commercial accommodation (with friends, relatives etc..)

A flat rate of £25 to cover all necessary meal and accommodation costs incurred.

Meals

Actual receipted costs of meals up to the maximum detailed below. (Meal costs can only be reclaimed if the applicant has travelled more than 5 miles from their normal place of work.)

Absence of 5 – 10 hours (must include 12.00 – 2.00 pm): a maximum of £5.00

Absence exceeding 10 hours (must end after 7.00pm): a maximum of £15.00

Tube Fares

Due to the recognised difficulty in acquiring receipts for the London underground, expenses will be reimbursed for tube fares without receipts. However please note a receipt will be required for any express fares i.e. the Heathrow, Gatwick Express etc.

PLEASE REFER TO THE [STUDY LEAVE SECTION OF THE NIMDTA WEBSITE](#) FOR FURTHER INFORMATION

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