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

Northern Ireland mdta Medical & Dental Training Agency

Name:	
Employee Number:	
Grade:	
Postal Address:	
Base Address:	
Email Address:	
Telephone Number:	

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.

☐ Travel claims cannot be processed unless an updated V5 Form (log book) has been submitted to Payroll Query Form – PSC Payroll Query (HSCNI) and under the Query Subject selecting TRAVEL DUTY OF CARE

Return completed forms electronically to: business.management@hscni.net

Date	From	Post Code	To	Post Code	Travel Type	Number of Miles	Rate	Total	NIMDTA USE ONLY
						0		£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
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								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
								£ 0.00	
					Total	0	**Total**	£ 0.00	

Refresh Calculations

Accommodation Costs	
Month	**Cost**
Total	£ 0.00

* Signed Rental Agreements must be provided before accommodation costs can be reimbursed

Please refer to https://www.nimdta.gov.uk/general-practice/policies-and-booklets/gp-trainees/ for further guidance.

Submit Form

All expense forms must be supported by receipts. Failure to provide such evidence will prevent payment.

Claim Form Declaration

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. No other claim for these expenses has been or will be made from any other source. All journeys undertaken are in accordance with the HSC Organisation's Driving for Work policy if applicable. 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 appropraite cover and that my vehicle meets all necessary road worthiness standards. 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.