

**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**

Name:	
Employee No.	
Postal Address:	
Email Address:	
Telephone No.	

For Further Guidance Click Here

**\* Cover letter must be attached or your claim will be delayed \***

Subscription Period

Start Date	End Date	Subscription Cost	Deductions(Hospital Fee if applicable)	Total

Claim Total	
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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 appropriate 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.

Return completed forms electronically to: [dental.nimdto@hscni.net](mailto:dental.nimdto@hscni.net)