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

GP Travel Claim Form

NIMDTA
Northern Ireland
Medical & Dental Training Agency

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

☐ 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. Please tick here to confirm.

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.

Date	From (inc Post Code)	To (inc Post Code)	Travel Type	Miles Travelled	Rate	Value	Subsistence	Notes
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
						£0.00		
			Total	0	Subtotals	£0.00	£0.00	Final Total
								£0.00

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

Accommodation Costs	
Month	**Cost**
Subtotal	£0.00

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

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 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.

Submit Form

Reset Form

Use button above to submit to business.management@hscni.net

For information on how NIMDTA processes personal data, please view our Privacy Notice at https://www.nimdta.gov.uk/about-us/privacy-notice/