*This form has 3 pages and must be completed in FULL. Failure to do so will result in a payment delay or non-payment.*

**WT&E Function: Primary and Community Care**

Claimant to complete: NHSE use only:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  |  |  | **Invoice Number** | |  | |
| **First Name**  **(In Full)** |  |  |  | **Invoice Date** | | / / | |
| **Middle Initial**  **(In Full)** |  |  |  | **PO Number** | | **X24** | |
| **Surname** |  |  |  | **Code** | |  | |
| **Adress Line 1** |  |  |  |  |  | | |
| **Address Line 2** |  |  |  |  | Invoice address:  **NHS England**  **X24 Payable K005**  **PO Box 312**  **Leeds LS11 1HP** | | |
| **Address Line 3** |  |  |  |  |  | | |
| **Town/City** |  |  |  |  |  | | |
| **Post Code** |  |  |  |  |  | | |
| **Telephone Number** |  |  |  |  | | |  | |

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| **Total Value of the Claim** | **£** |

**Details of Claim (to be completed by claimant)**

Provide a complete breakdown of the claim, adding as much information as possible for each event/activity.

Please read the guidance notes you obtained along with this claim form very carefully.

Where there is no receipt, a written explanation must be attached, and payment will at the discretion of NHS England. NHS England reserves the right to reimburse the cheapest option wherever relevant.

|  |  |  |  |
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| Expenses *(Add more rows if required)* | |  |  |
| Details of Journey *(start location to*  *finish/destination)* | 1.  2.  3.  4. | | |
| Public Transport  *(Name mode of transport)* | 1.  2.  3.  4. | | **£**  **£**  **£**  **£** |
| **Private Transport** | **Total Number of Miles (@ 45p per mile):**  *(Mileage will be calculated at shortest route via AA Route planner)* | | **£** |
| **Passenger(s)**  *(Reimbursed at 5p per mile per passenger)* | **Name(s) of passenger(s):**  **Total miles travelled with passenger:**  *(Passengers must be travelling to the same event and also entitled to reimbursement of travel expenses)* | | **£** |
| Subsistence | **Accommodation Expenditure** | | **£** |
| **Meal Expenditure**  *Lunch allowance (more than five hours away from base, including the lunchtime period between 12:00 pm to 2:00 pm) £5.00 Evening meal allowance (more than ten hours away from base and return after 7:00 pm) £15.00* | | **£** |
| Other Expense Claims  *Please specify e.g.*  *Parking expenses.* | 1.  2.  3.  4. | | **£**  **£**  **£**  **£** |

|  |  |  |
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| **Events and Activities** *(Add more rows if required)* | | |
| **Description** |  | |
| **Location** |  | |
| **Date(s)** | From: | To: |
| **Half/Full day rate charged where applicable** | | **£** |
| **Description** |  | |
| **Location** |  | |
| **Date(s)** | From: | To: |
| **Half/Full day rate charged where applicable** | | **£** |

**Declarations**

You only need to complete the IR35 section if you are receiving payment from NHSE for your services such as a Lay representative, delivering educational activity or providing a service eg; coaching, counselling.

If you are only requesting reimbursement for travel or subsistence, there is no need to complete the IR35 section.

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| **IR35 Status**  *If you will be receiving payment for a service/event/activity, please confirm your IR35 status determined by the HMRC CEST assessment provided by NHSE-SW. Failure to confirm your status may delay any payment.* | | |
| **Yes/No** | | |
| **Self-employed for tax purposes for this work** | |  |
| **Employed for tax purposes for this work** | |  |
| **Off-payroll working (IR35) rules do not apply** | |  |
| **Off-payroll working (IR35) rules apply** | |  |
|  | | |
| **If employed, name of employer** |  | |

Further information on off-payroll working rules is available at:

[**https://www.gov.uk/guidance/understanding-off-payroll-working-ir35**](https://www.gov.uk/guidance/understanding-off-payroll-working-ir35)

|  |  |
| --- | --- |
| **Claimant Declaration** | |
| **I declare that the expenses claimed were necessarily incurred by me in regard to the above event(s)/activity and made in accordance with the NHS England South West conditions governing the payment of expenses which I have read. I understand that I am responsible, where appropriate, for declaring this income for tax purposes.** | |
| **Signed:** | **Date:** |

**Please send the completed form to: -** [England.gpfinance.sw@nhs.net](mailto:England.gpfinance.sw@nhs.net)

NHSE use only:

|  |  |
| --- | --- |
| **NHS England South West WT&E**  **Authorisation** | |
| **Name** |  |
| **Title** |  |
| **Email** |  |
| **Approval Date** |  |