*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** |  | **GMC No.** |  |  |  | **Invoice Number** |   |
| **First Name****(In Full)** |  |  |  | **Invoice Date** |   / /  |
| **Middle Initial****(In Full)** |  |  |  | **PO Number** |  |
| **Surname** |  |  |  | **Code** | XXGSAMS |
| **Adress Line 1** |  |  |  |  |  |
| **Address Line 2** |  |  |  |  |  |
| **Address Line 3** |  |  |  |  |  |
| **Town/City** |  |  |  |  |  |
| **Post Code** |  |  |  | Invoice address:**NHS England****X24 Payables K005****PO Box 312****Leeds LS11 1H** |  |
| **Telephone Number** |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Bank Account number** | **Bank Sort Code** | **Account Name** | **SWIFT Code****(Overseas Only)** | **Email address for remittance advice** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **VAT, Company or Charity Registration 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.

|  |  |  |
| --- | --- | --- |
| 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 (@ 30p 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** | **£**  |
| Other Expense Claims*Please specify e.g.**Parking expenses.*  | 1.2. 3.4. | **£****£****£****£** |

|  |
| --- |
|  **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**

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)

|  |
| --- |
| **IR35 Status***Status determined by HMRC CEST assessment for event/activity* |
| **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** |  |

|  |
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| **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**

NHSE use only:

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