

Patient, Public and Volunteer Expenses Claim Form

Name	
Address	
Vehicle Registration (if applicable)	

Details of personal car journeys

Date	Passenger Names (if applicable)	Details of Journey	Miles Travelled	Reimbursement Rate	Total Claim
		Total			

Details of other expenses (must be accompanied by a valid receipt)

Date	Type	Details	Amount
		Total Amount	

I declare that in signing this form, I confirm that I understand that to knowingly make an inflated or false claim for expenses or other payment could be classed as fraud. I declare that this a true and accurate reflection of the agreed expenses incurred by me. I have read the terms and conditions contained within the Public, Patient, Carers and Volunteer Expenses Policy and believe that I am entitled to make this claim in my role as an approved participant.

Declarations

I declare that the information given on this travelling expense form is correct of the best of my knowledge and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings

I consent to the disclosure of information on this form to NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS

Tick or N/A

I confirm that the motor vehicle for which I have claimed a mileage allowance for is fully and appropriately insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts.

I confirm I hold a valid driving licence (if applicable)

I am responsible for declaring this income to HMRC or other income providers (eg Jobcentre Plus, or insurance companies who may provide income to me as an individual)

Signature of Claimant		Date	
Signature of authorised ICB manager		Date	
Print Name		Designation	

Appendix 2: New Volunteer Set-up Form

Name	
Address	
Postcode	
Telephone Number	
Email Address	
Vehicle Registration (if applicable)	
Driving Licence Number (if applicable)	

Bank Name	
Sort Code	
Account Number	
Name on Bank Account	

Signature		Date	
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