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|  |  | INVOICE |

**This form must be TYPED and COMPLETED in FULL, failure to do this will result in a delay or NON PAYMENT** (LETB use only)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | | |  | |  |  | Invoice Number | |  |
| First Name  (In Full) | | |  | |  |  | Invoice Date | |  |
| Middle Initial  (In Full) | | |  | |  |  | PO Number | | **X24LEKING** |
| Surname | | |  | |  |  | Code | | 126152/52113101 |
| Address Line 1 | | |  | |  |  |  | |  |
| Address Line 2 | | |  | |  |  |  | |  |
| Address Line 3 | | |  | |  |  |  | |  |
| Town/City | | |  | |  |  |  | |  |
| Post Code | | |  | |  |  |  | |  |
| Mobile | | |  | |  |  |  | |  |
|  |  |  | |  | | | |

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| Invoice To:  **X24LEKING** NHS England  X24 Payable K005  PO Box 312  Leeds  LS11 1HP |  |
| **Return To:**  Health Education England  Park House  1200 Parkway  Newbrick Road  Bristol, BS34 8YU |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account Number | | | | | | | | Bank Account Sort Code | | | | | | bank account name | Swift code  (overseas only) | E-mail address for  remittance advice |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

**PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.**

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

Please complete the breakdown of the claim on the following page

**Details of the Claim**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenses | |  | |  |
| Details of Journey –  *(start-> to -> finish)* | | |  |  |
| Public Transport | **Mode of transport: \_\_**  *(Receipts must be attached)* | | | **£** |
| **Private Transport** | **Total Number of Miles: @ 24p per mile**  *(Mileage will be calculated at shortest route)* | | | **£** |
| ***Passengers***  *(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 & also entitled to reimbursement of travel expenses)* | | | **£** |
| Subsistence | *Accommodation Expenditure* | | | **£** |
| *Meal Expenditure* | | | **£** |
| Other Expenses  *Please specify:-* |  | | | **£** |
|  | TOTAL AMOUNT OF CLAIM | | | £ |

|  |  |  |
| --- | --- | --- |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**  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 be at the discretion of NHS England.  NHS England reserves the right to reimburse the cheapest option wherever relevant. | | |
| EVENT/ACTIVITY |  | |
| LOCATION |  | |
| DATE(S) | From: | To: |
|  |  |  |

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| --- |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.**  **Signed: Date:** |

**Please send the completed form by email to** [SEVRecruitment.SW@hee.nhs.uk](mailto:SEVRecruitment.SW@hee.nhs.uk)

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| --- |
| **Authorised By**  **Name : Contact Number:**  **Signed : Date:** |