INVOICE

This form must be TYPED and COMPLETED in FULL, failure to do this will result in a delay or NON PAYMENT

Title		GMC No.	
First Name (In Full)			
Middle Initial (In Full)			
Surname			
Address Line 1			
Address Line 2			
Address Line 3			
Town/City			
Post Code			

(LETB use only)

Invoice Number	
Invoice Date	/ /
PO Number	**XXAWORLEY**
Code	ASZ _ _ _ /_ _ _ _ /T_ _ _ _ /_ _ _ _ _

Return To: pengphelpdesk.sw@hee.nhs.uk

Invoice To:
Health Education England – T73
South West LETB
T73 Payables F485
Phoenix House
Topcliffe Lane
Wakefield
WF3 1WE

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: _@ 28p 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 at the discretion of Health Education South West. Health Education England reserves the right to reimburse the cheapest option wherever relevant.		
EVENT/ACTIVITY		
LOCATION		
DATE(S)	From:	To:

<u>Claimant Declaration</u>: 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:**

<u>Certification of Attendance</u>: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.

Name:

Signed: **Date:**

Please send the completed form to: Health Education England, Tailyour House, Plumer Road,Crownhill, Plymouth PL6 5DH

Authorised By

Name : **Contact Number:**

Signed : **Date:**