EXPENSE CLAIM FORM (agency workers) PLEASE SUBMIT TO:- EMAIL: payroll@tfsheathcare.co.uk FAX: 020 7760 7151

TFS Healthcare

All Claim Forms must be **submitted within one month of the expenses being incurred**, **older claims will not be reimbursed**

Payment

Claim Forms cannot be processed without the relevant, original receipts which should be attached to the Form. Where VAT is charged, VAT receipts are required.
Claim Forms without consultant and authorising signatures will be returned unpaid.

Agency Worker: All following information is mandatory	**To be completed by the authorising manager**	**Conditions:**
NAME (BLOCK CAPITALS).....	**NAME (BLOCK CAPITALS)**.....	**Vehicle Insurance:** All agency workers using their own vehicles must ensure their insurance provides cover whilst on official business for third party insurance, including cover against risk, injury or death to passengers and damage to property and that the policy was in force when the journeys were made.
SIGNATURE.....	**SIGNATURE**.....	
DATE:	**POSITION**.....	**By signing this Expense Form, you are declaring:** "In respect of any motor insurance claims made by or against me, the insurance policy in respect of my vehicle provides cover while car is used on official business, for third party risks, including risk, injury or death to passengers and that the policy was in force during the period of this claim and I am / my motor insurance policy is responsible for all such claims."
NOTE: PLEASE ONLY USE THIS FORM WHERE THE ORGANISATION YOU ARE WORKING FOR WILL REIMBURSE YOUR EXPENSES. ANY PERSONAL EXPENSES ARE NOT TO BE SUBMITTED USING THIS FORM.	**DATE**.....	
	DEPARTMENT.....	
	ORGANISATON NAME.....	
	MILEAGE RATE TO BE APPLIED.....	

***MODE: C**-CAR **R** – RAIL OR TUBE **B** – BUS **T** – TAXI **M** – MOTORBIKE

IF USING CAR OR MOTORBIKE, STATE **VEHICLE REGISTRATION NO:** ..... **CC. OF ENGINE**.....

DATE	DETAILS OF JOURNEY		REASON FOR TRAVEL	*MODE	MILES	FARES & PARKING		SUBSISTENCE & ACCOMODATION		OTHER		TOTAL	
	FROM	TO				£	P	£	P	£	P	£	P
TOTAL													