Sherwood Forest Hospitals
NHS Foundation Trust

SHERWOOD FOREST HOSPITALS (NHS) FOUNDATION TRUST
CLAIM FOR STUDY LEAVE EXPENSES – MEDICAL STAFF *(non-training doctors only)*

- Please complete this form in BLOCK CAPITALS
- Please return along with copies of receipts to the relevant Rota Co-ordinator

FULL NAME:		**TITLE OF COURSE/CONFERENCE:**	
ADDRESS:		**ORGANISING BODY:**	
		VENUE:	
		START & FINISH DATES:	
EMAIL ADDRESS:		**GMC NUMBER:**	
NI NUMBER:		**Assignment Number:**	

Please complete this section and delete as necessary.

DETAILS OF EXPENSES CLAIMED:	AMOUNT CLAIMED	
	£	**P**
TRAVELLING EXPENSES: (Rail/Taxi//Bus/Parking etc**):** Details: …….		
MILEAGE:		
Journey (start and finish points) Miles travelled …… …… …… …… …… …… TOTAL MILES ……		
COURSE/CONFERENCE DETAILS:	**£**	**P**
Name and address of hotel: …… …… Individuals staying *NHS/University/other Subsidised/Free Accommodation (*please delete as necessary*) a) Accommodation charges: ……		

b) Number and cost of meals purchased: Breakfast ……. Lunch ……. Dinner . ……. d) Other expenses (please specify) …… …… ……		
Course/Conference Fee (Please submit a receipt)		

I certify that the above information is correct and is in respect of expenditure necessarily incurred by me in attending the above course.

Signed (claimant) …… Date …….

DETAILS OF EXPENSES TO BE REIMBURSED:	AMOUNT CLAIMED	
	£	P
TOTAL:		

Authorisation Signature …… Date ……

Print name …… Ext No ……