**Expenses Claim Form (off-site waiting times)**

This form should be completed to claim reimbursement of travelling expenses to other health facilities out-with the Ayrshire and Arran area, where the patient has been asked by NHS Ayrshire and Arran staff to travel for waiting times purposes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CLAIMANT DETAILS (TO BE COMPLETED BY THE CLAIMANT)** | | | | | | |
| Patient Name: | | | Claimant: (if different from patient) | | | |
| Address: | | | Address: | | | |
|  | | |  | | | |
|  | | |  | | | |
| Postcode: | | | Postcode: | | | |
| CHI Number: | | | Payment method : BACS / Cheque\*  Account No:  Sort code: | | | |
| Escort required on medical  grounds: | | Yes/No\* |
| Hospital Attended: | | | | | | |
| **TRAVEL (TO BE COMPELTED BY THE CLAIMANT)** | | | | | | |
| **Car** | | | | | | |
| Date | Details of Journey (from/to etc) | | | Mileage travelled | Cost (Office  Use) | |
| £ | Pp |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| Total | | | | |  |  |
| **Public Transport** | | | | | | |
| Date | Details of Journey (Type of Public Transport, from/to, etc) | | | | Cost of Travel | |
| £ | Pp |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
|  |  | | | |  |  |
| Total | | | | |  |  |
| **Signature Date** | | | | | | |
| \* Delete as appropriate | | | | |  |  |

All original receipts require to be submitted with the Expenses Form within 90 days of the journey being made.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ATTENDANCE AT NON-AYRSHIRE & ARRAN HOSPITAL**  **(to be completed by hospital where treatment occurred)** | | | | | |
| Date | Time of OP  Attendance | | Time of IP  Admission | Time of  Discharge | Department/Ward |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| Authoriser’s Signature | | | Print Name | | Designation |
|  | | |  | |  |
| Official Stamp (Receiving Hospital): | | | | | |
| **AUTHORISATION (TO BE COMPLETED BY NHS AYRSHIRE & ARRAN)** | | | | | |
|  | Total | | Notes if applicable | | |
| £ | pp |
| Mileage cost |  |  |  | | |
| Public Transport |  |  |  | | |
| Other costs |  |  |  | | |
| **Total**  **Reimbursement** |  |  |  | | |
| Cashiers signature: | | | | | Date: |
| Received by (Claimant): | | | | | Date |