**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

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| **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 medicalgrounds: | Yes/No\* |
| Hospital Attended: |
| **TRAVEL (TO BE COMPELTED BY THE CLAIMANT)** |
| **Car** |
| Date | Details of Journey (from/to etc) | Mileage travelled | Cost (OfficeUse) |
| £ | 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.

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| **ATTENDANCE AT NON-AYRSHIRE & ARRAN HOSPITAL****(to be completed by hospital where treatment occurred)** |
| Date | Time of OPAttendance | Time of IPAdmission | Time ofDischarge | 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 |