

**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

<b>FULL NAME:</b>		<b>TITLE OF COURSE/CONFERENCE:</b>	
<b>ADDRESS:</b>		<b>ORGANISING BODY:</b>	
		<b>VENUE:</b>	
		<b>START &amp; FINISH DATES:</b>	
<b>EMAIL ADDRESS:</b>		<b>GMC NUMBER:</b>	
<b>NI NUMBER:</b>		<b>Assignment Number:</b>	

Please complete this section and delete as necessary.

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

Print name ..... Ext No .....