

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

**COURSE/CONFERENCE:** 

ORGANISING BODY:

• Please complete this form in BLOCK CAPITALS

**FULL** 

NAME:

ADDRESS:

Please return along with copies of receipts to the relevant Rota Co-ordinator

TITLE OF

		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	
TRAVELLING EXPENSES: (Rail/Taxi//Bus/Parking etc):				£	Р
Details:					
MILEAGE:					
Journey (start and finish points) Miles travelled					
	TOTAL MILES				
COURSE/C	ONFERENCE DETAILS:			£	Р
Name and a	address of hotel:				
	 staying *NHS/University/otl ation (*please delete as ne				
a) A	ccommodation 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 exincurred by me in attending the above course.	pendit	ure necessa	arily
Signed (claimant)	Date		
DETAILS OF EXPENSES TO BE REIMBURSED:		AMOUNT C	CLAIMED
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TOTAL	=	<u>,                                    </u>	P