

**** Please Attach Tickets/Receipts for Public Transport Claims

MOTOR VEHICLE ALLOWANCE CLAIM

PERSONAL DETAILS:

DEPARTMENT:	TVPCA
TELEPHONE No.	
POST HELD:	GP SPECIALTY TRAINEE
SURNAME:	
FORENAME(S):	
HOME ADDRESS:	

N	Oxford Deanery				
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Home to Base Mileage (Practice) =

Home to Day Release Mileage =

Base to Day Release Mileage =

CLAIM MONTH:

CAR DETAILS:

Make:	
Model:	
Engine Capacity:	
Registration No:	
Diesel:	Y / N

CLAIM TYPE: Enter "Y" as appropriate

Standard user.	
Regular user.	

CLAIM SUMMARY:

A GP Specialty Trainee can claim mileage when they are required by the practice to travel on practice business

GP Specialty Trainees cannot claim for home to practice (base) travel unless they subsequently use their car for work, in which case they can claim for the business mileage plus their home to base return, subject to a maximum of 20 miles return. If they use their car to attend a training course then they should claim the difference between the normal home to base return mileage, and the home to training base return mileage.

I CERTIFY THAT:

- The amounts claimed are in accordance with the current regulations and are in respect of expenses actually and necessarily incurred whilst engaged on the business stated.
- The insurance policy in respect of the car shown above provides cover whilst the car is used on official business.

Signature:.....

Date:.....

CLAIM TOTALS: <i>Official use only</i>			
	p	£.pp	
Miles at pence:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Mileage Claim
Miles at pence:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	@ Public Tnspt Rate
Miles at pence:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Passenger Rate
regular user lump sum:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	
CLAIM TOTAL:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	

TO BE COMPLETED BY THE TRAINER

To the best of my knowledge the claimant was engaged on the business(es) stated and the amounts claimed are in accordance with the current regulations.

Signature:..... Print Name:.....

Designation:.....

Date:.....

Checked in Payroll:..... Date:.....