Parent/Carer Expenses Claim Form

East Midlands Neonatal Operation Delivery Network

This claim form to be completed in line with the guidance in the East Midlands Neonatal Operational Delivery Network **"User and Carer Involvement Expenses Policy".**

Mr / Mrs / Miss / Ms (Delete as applicable)

Surname _____ Forename(s) _____

Address _____

_____

Meeting/venue _____ Meeting Date _____

Attendance confirmed by _____ Signature _____

Bank Transfer Details

Account Name _____

Sort Code _____ Account Number _____

PAYMENT REQUIRED (please tick as appropriate)

*All claims other than for mileage must be accompanied by a receipt

		Number of miles			Total amount claimed
☐	Car	_____	Miles	@ 56p per mile	£ _____
☐	Motorcycle	_____	Miles	@ 28p per mile	£ _____
☐	Pedal cycle	_____	Miles	@ 20p per mile	£ _____
☐	Passenger allowance	_____	Miles	@ 5p per mile	£ _____
☐	Bus*	£ _____		☐ Train*	£ _____
☐	Other**	_____			£ _____

**This must be agreed with the Director/Lead Nurse prior to the meeting

I confirm that the expenses detailed above were incurred for attendance at the meeting stated and that I cannot claim these from my employer or any other agency.

Signature _____ Date _____

Please return completed forms to East Midlands Neonatal ODN, Derwent House, Gosforth Road, Derby, DE24 8HU for authorisation of payment.

For Office Use Only

Total amount authorised £ _____

Signature _____ Name _____

Position _____

Please forward approved forms via email to NGH.Payments@ngh.nhs.uk for payment

EMNODN Cost Centre: 85848 Account Code: 370111