

Reimbursement Form



East Midlands Healthcare Workforce Deanery

Complete and return to
 Nottingham GP Training
 Postgraduate Education Centre
 City Hospital Campus
 Hucknall Road
 Nottingham, NG5 1PB

| | | |
|------------------------------------|-----------------------|--|
| Claimant Name | | |
| Claimant Address | | |
| Email/Tel No. | | |
| Full Name of Account Holder | | |
| Bank Details | Sort Code | |
| | Account Number | |

Please note failure to complete your bank details will seriously delay payment of your claim.

| Date | Reason for claim/ description of work | Amount |
|------|--|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Sub Total | |
| Date | Expenses - relating only to the work above, original receipts must be attached | |
| | | |
| | | |
| | | |
| | | |
| | Sub Total | |
| | Total Amount of Claim | |

I confirm that the details of this claim are true and accurate

| | |
|----------------|--------------|
| Signed: | Date: |
|----------------|--------------|

Fees claimed on this invoice are paid under a contract for services and confer no employer status on the East Midlands Healthcare Workforce Deanery.

The role of the University of Nottingham in this transaction is solely to effect the transfer of funds and as such no employer responsibilities and liabilities are conferred to the University in this instance.

For Office and Finance Use:

| Account | Cost C | Project | Other | Act | VAT | Dept Charge | | Rec VAT | |
|------------------|--------|----------------|-------|----------------------|-----|-------------|---|---------|---|
| | | | | | | £ | p | £ | p |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Received by | | | | Sub Total | | | | | |
| Authorised by | | | | INVOICE TOTAL | | | | | |
| Finance use only | | Transaction No | | | | | | | |

PLEASE NOTE THAT ALL CLAIMS FORMS MUST BE SUBMITTED WITHIN 28 DAYS OF ATTENDANCE-FAILURE TO DO SO COULD RESULT IN NON-PAYMENT.