Please complete electronically and email to [StudyLeave.EM@hee.nhs.uk](mailto:StudyLeave.EM@hee.nhs.uk) with certificate of attendance and receipts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study Leave expenses claim form | | | | | |
| Personal Details | | | | | |
| First name/s: |  | | **Assignment Number (on payslip):** | |  |
| Surname: |  | |
| Event details | | | | | |
| Event title: |  | | | | |
| Start date: |  | **End date:** |  | **Number of days:** |  |
| Venue: |  | | | **Postcode:** |  |
| Expense claim details  NOTE: Claims will only be processed for approved leave requests | | | | | |
| Event Fee Amount: | £ | | |  |  |
| Total miles claimed: |  | | | **@ 28p per mile =** | £ |
| Public transport costs: | £ | | |  |  |
| Accommodation costs: | £ | | | **£120 per night, £150 within London, £25 per night for family and friends stay** |  |
| Meals: | £ | | | **£20 per day allowance** |  |
| Total claim amount: | £ | | |  |  |

**Trainee Declaration:**

By submitting this form, I confirm that the costs above are accurate and reflect the costs incurred for this specific event. I understand that I may only claim for costs that were originally approved on my study leave application.

|  |  |
| --- | --- |
| I agree to the above statement | Date |
| Signature: |  |