Please complete electronically and email to StudyLeave.EM@hee.nhs.uk with certificate of attendance and receipts.

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| 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:      |       |