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**Excess Travel Form**

**For Doctors in Training Grades Only**

You are entitled to claim excess travel costs if:

* You have been required to change your work base by NHS Scotland in the interests of the service or to further your professional training.

And

* Travelling from your home address to your placement base of work costs more than travelling from home to your current agreed base of work.

**Excess travel must be agreed and signed off by your Authoriser on an individual basis.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_

Payroll Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authoriser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Base Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed change: Travel Method: Own car/bus/train/bicycle/other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one method of travel will be used, please include all methods but indicate the primary mode of transport.

**Single Journey** to Placement Mileage/Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A)

**Single Journey** to Base Hospital Mileage/Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B)

Where it is mileage being claimed, a further 8 miles should be deducted. (C)

(A minus (B+C)) e.g. number of miles for car users/ additional bus fare **Single Excess**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_/\_\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_\_/\_\_\_

Signatures

Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authoriser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of this form must be sent to the Lead Board’s Expenses Department prior to the first claim together with a copy of your car insurance certificate which must include commute insurance.**