|  |  |  |
| --- | --- | --- |
|  |  | INVOICE |

**Please Type or complete in BLOCK CAPITALS Completed by LETB**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number |  |
| First Name |  |  |  | Invoice Header |  |
| Middle Initial |  |  |  | Invoice Date |  |
| Surname |  |  |  | PO Number |  |
| Address Line 1 |  |  |  | FAO |  |
| Address Line 2 |  |  |  | Financial Code |  |
| Address Line 3 |  |  |  | Financial Code |  |  |
| Town/City |  |  |  | Financial Code |  |  |
| Post Code |  |  |  | Financial Code |  |  |

|  |
| --- |
| LETB Return Address:**North West LETB****North Western Deanery**3rd Floor3 Piccadilly PlaceManchesterM1 3BNInvoice To: **Health Education England – T73****Health Education North West****T73 Payables F485**Phoenix HouseTopcliffe LaneTingleyWakefieldWF3 1WE |

**Bank Details** Failure to enter details will result in payment delays

|  |  |  |  |
| --- | --- | --- | --- |
| Sort Code | **--      --** | Swift Code Overseas only |  |
| Account Number |  |
| Account Name |  | Email address |  |

|  |  |
| --- | --- |
| **Total Value of the Claim** | **£**  |

Please fill in the breakdown of the claim on the following page

Completed forms must be sent to the LETB – NOT invoice address above.

**DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**

Where there is no receipt a full written explanation must be attached.

Mileage will be calculated using the quickest route.

Passengers must be travelling to the same event and also entitled to reimbursement of travel expenses by the Deanery. Passenger miles are reimbursed at 5 pence per mile per passenger.

Please read the guidance notes you obtained along with this claim form very carefully.

The Deanery reserves the right to reimburse the cheapest option wherever relevant.

**Event/Activity Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  | Start date |  |
| Location |  | End date |  |

**Travel and Subsistence**

|  |  |  |  |
| --- | --- | --- | --- |
| Start locationInclude postcode |  | Finish locationIncl postcode |  |
| Public TransportMode of travel |  | Amount | **£**  |
| Private TransportNumber of Miles | **@       per mile** | Amount | **£**  |
| Passenger Name |  |
| PassengerNumber of Miles | **0.05 per mile each** | Amount | **£**  |
| Accommodation | **£**  | Meal Expenditure | **£**  |

**Other Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Please Specify |  | Amount | **£**  |
| Resource Backfill/Course |  | Amount | **£**  |

|  |
| --- |
| Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.Name:Signed: Date: |
| Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct. Name:Signed: Date: |

|  |
| --- |
| **Authorised By****Name:****Position:****Department:****Contact Number:****Signed: Date:**  |