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|  |  | INVOICE |

**This form must be TYPED and COMPLETED in FULL, failure to do this will result in a delay or NON PAYMENT** (LETB use only)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number |  | |
| First Name  (In Full) |  |  |  | Invoice Date | / / | |
| Middle Initial  (In Full) |  |  |  | PO Number | **XX** | |
| Surname |  |  |  | Code | ASZ \_ \_ \_ /\_ \_ \_ \_ /T\_ \_ \_ \_ /\_ \_ \_ \_ \_ | |
| Address Line 1 |  |  |  | |  |  | | --- | --- | |  | **Health Education England**  South West LETB  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Wakefield  WF3 1WE | | |  |
| Address Line 2 |  |  |  |  | |  |
| Address Line 3 |  |  |  |  | |  |
| Town/City |  |  |  |  | |  |
| Post Code |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Bank Account Number | | | | | | | | Bank Account Sort Code | | | | | | bank account name | Swift code  (overseas only) | E-mail address for  remittance advice | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **Unique Tax Reference Number OR VAT Number:**  (<https://www.gov.uk/search?q=what+is+a+utr>) | | | | | | | | | | | | | |  | | | |
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|  |  |
| --- | --- |
| **Status:**  **(Delete as applicable)** | **Employed/Self Employed** |

**PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.**

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

Please complete the breakdown of the claim on the following page

**Details of the Claim**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenses | |  | |  |
| Details of Journey *(start-> to -> finish)*   1. Details of Journey – 2. Details of Journey – 3. Details of Journey – 4. Details of Journey – | | |  |  |
| Public Transport | **Mode of transport: \_\_**  *(Receipts must be attached)* | | | **£** |
| **Private Transport** | 1. Total Number of Miles: @ 40p per mile 2. Total Number of Miles: @ 40p per mile 3. Total Number of Miles: @ 40p per mile 4. Total Number of Miles: @ 40p per mile   *(Mileage will be calculated at shortest route via AA route planner)* | | | **£**  **£**  **£**  **£** |
| ***Passengers***  *(Reimbursed at 5p per mile per passenger)* | **Name(s) of passenger(s): \_\_\_\_**  **Total miles travelled with passenger \_**  *(Passengers must be travelling to the same event & also entitled to reimbursement of travel expenses)* | | | **£** |
| Subsistence | *Accommodation Expenditure* | | | **£** |
| *Meal Expenditure* | | | **£** |
| Other Expenses  *Please specify:-*  *i.e. day rate/parking expences* | 1.  2.  3.  4.  *(Half day = £75.00 / Full day = £150.00)* | | | **£**  **£**  **£**  **£** |
|  | TOTAL AMOUNT OF CLAIM | | | £ |

|  |  |  |
| --- | --- | --- |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**  Please read the guidance notes you obtained along with this claim form very carefully.  Where there is no receipt a written explanation must be attached and payment will at the discretion of Health Education England.  Health Education England reserves the right to reimburse the cheapest option wherever relevant. | | |
| 1. EVENT/ACTIVITY |  | |
| LOCATION |  | |
| DATE(S) | From: | To: |
| 1. EVENT/ACTIVITY |  | |
| LOCATION |  | |
| DATE(S) | From: | To: |
| 1. EVENT/ACTIVITY |  | |
| LOCATION |  | |
| DATE(S) | From: | To: |
| 1. EVENT/ACTIVITY |  | |
| LOCATION |  | |
| DATE(S) | From: | To: |

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| **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.**  **Signed: Date:** |

**Please send the completed form to :-**

Health Education England

2nd Floor

Plumer House

Tailyour Road

Crownhill

Plymouth PL6 5DH

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