UNIVERSITY OF ABERDEEN

Expenses Claim Form for Medical Students

Claims must be submitted within 2 weeks of completion of the attachment.

Please refer to the School of Medicine & Dentistry's "Expenses Claims Policy for Clinical Attachments", available from your Phase Bulletin Board and also from the MBChB Office and the Section of General Practice and Community Medical Education.

Please note that claims will only be considered when supported by the relevant receipts. Claims outwith the policy guidelines will not be considered unless authorisation has been obtained prior to making the arrangement.

Name:	Student No:	MBChB Phase:

Place of Attachment:	Dates of Attachment:	System Ref:

DECLARATION: I certify that this claim is true and in particular that:-

(a) I have not claimed and will not claim this cost from any other source.

(b) All expenses claimed were incurred in accordance with the School of Medicine & Dentistry's "Expenses Claims Policy for Clinical Attachments".

(c) Car mileage costs claimed exclude private use, and I have appropriate car insurance cover in place.

Signed:	Date:	Authorised by: *(Please Print)*	Signed:	Date:

Date	**Details, incl type of expense claimed, start and destination of journey, etc** Use separate sheet if necessary	**Miles**	**Mileage (£)** *at 22 p per mile**	**Public Transport (£)**	**Day Release** *(Ph IV GP)* **or Taught Courses** *(Ph IV)* **(£)**
	TOTAL				

** Mileage:* *22 pence per mile, or 26 pence per mile if car sharing*
(If car sharing, please supply name of your passenger)

Students - Please only fill in Bank Details and E-mail Address on this page.

Expenses Details:

Specified Advance for Offset? *(Please tick appropriate box)*	Yes		**Advance Reference:**	
	No			

Nominal	**B Holder**	**Activity**	**Description of Expenditure:**	**£**	***Currency:***

Total expenses		
Less: advances received/private expenses to be reimbursed to the company to the University		
Total to be reimbursed		

Please Note: All repayments of Advances must accompany this form.

Bank Details of student:

Bank: (Branch)	Sort Code:	Account Number:

E-mail address of student: