

The Leeds Teaching Hospitals

NHS Trust

Request to Claim Excess Travel

Surname:	Forename:	Title:	Specialty:

Mode of transport used for excess travel: ie: motor vehicle or public transport:-	Home address:-

Journey Details: i.e. Journey details from base hospital to the principal hospital (principal hospital being the hospital in which you are actually carrying out your daily duties)

Date of commencement of excess travel	Reason for excess travel (rotation etc.)	Base Hospital	Principal Hospital	Mileage between Base and Principal (one way)

Please attach ticket receipts etc if claiming reimbursement of travel on public transport. Excess travel is paid at Public Transport Rate.

Signature of trainee : **Date:**

Completed applications should be forwarded for authorisation to:

Mandy Walker
Medical Staffing Manager
Trust Headquarters (Ground Floor)
St James University Hospital
Beckett Street
LEEDS LS9 7TF

I certify that to the best of my knowledge and belief that the reasons given above for the request for excess travelling expenses are correct and valid and, on this basis, authorise the change.

Certification by Authorising Officer:

Date: **Designation:**

Please note that once authorisation has been given for claiming excess travel, the claim forms for detailing the claims, can be obtained from the Medical Staffing pages on the LTH intranet under the Human Resources/Medical Staffing section
ALL CLAIMS MUST BE SUBMITTED WITHIN 3 MONTHS OF TRAVEL DATE. CLAIMS OUTSIDE THIS PERIOD WILL NOT BE PAID