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**Primary Care Support England**

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| **GP Registrar Mileage Claim Form** |

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| **Name of GP Registrar** |  | **Name of GP Trainer** |  |
| **Regular User/Standard User \* delete as appropriate** | **Month of claim** |  |

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| **Date of Visit (A)** | **Details of Journey** | **Miles Travelled** |
| **(A)** | (Nature or reason for visit(s), starting and finishing point (usually the Practice) and places visited.) | Practice Business **(B)** | Home to Practice & Return (max 20 miles) **(C)** | Public Transport **(D)** |
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| **Date of Visit (A)** | **Details of Journey** | **Miles Travelled** |
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| **Totals****Total Miles (B) + (C)****Public Transport miles (D)****Regular User Allowance** | (B) | (C) | (D) |
|  | x rate of | £ |
|  | X 0.23p | £ |
|  | £ |
| **Total** | £ |

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| **GP Registrar Declaration**I declare that the above claim in respect of expenses actually and necessarily incurred whilst engaged on an official journey for the purposes of the practice and is in accordance with my Terms and Conditions of Service | **Certification of GP Trainer**I certify to the best of my knowledge and belief that the GP Registrar was engaged on official journeys for the purposes of the practice as stated on the date(s) shown. |
| **Signature** |  | **Date** |  | **Signature** |  | **Date** |  |

**Please note that claims should be submitted on a monthly basis as and when the expense is incurred. Any claim received more than three months after the cost was incurred will be refused unless there are exceptional circumstances.**

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| **Please send signed and completed forms by email to Primary Care Support England:** **lasca.payments@nhs.net****The subject line of your email should state: GPR expenses and relevant county (i.e. Berkshire) as appropriate.**  |