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**Primary Care Support England (Formerly TVPCA)**

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| **GP Registrar – Mileage** |

**Tails**

**Please complete for each GP Registrar employed who is eligible to make a claim**

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| Name and Address of PracticePractice Code |  |
| Name of GP Trainer |  |
| Name and home address of GP Registrar |  |
| Date placement commenced |  |
| Car Registration Number |  |
| CC of car |  |
| Mileage from Home to Practice |  |
| Estimated annual mileage |  |
| Amount reimbursed by practice to GP Registrar |  |

**Before you send the completed form to the PCSE it should be signed by the GP Trainer, Senior Partner or Practice/Business Manager and not the GP Registrar.**

**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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| Signature of GP Trainer/Senior Partner/Practice Manager/Business Manager |  |
| Date |  |

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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.** |