***Claim Form – Community Pharmacists Attendance at Meetings (full day)***



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| *TITLE* | *DETAILS* |
| *1. Name* |  |
| *2. Address**(where payment should be sent)**Note: this is normally the Pharmacy address* |  |
| *3. Contractor Code* |  |
| *4. Name of Meeting Attended* |  |
| *5. Date of Meeting* |  |
| *6. Name of Officer organising meeting (if known)* |  |
| *7. Fee (to be completed by NHS Tayside)**Community Pharmacist Session for up to 7.5 hours* | *£229.72* |
| *8. Mileage = 37.4 per mile.****Please specify journey details and mileage*** | *\_\_\_\_\_miles x 37.4p = £* |
| *9. Total claimed* | *£* |
| *10. Signature of Claimant* |  |

# *FOR NHS USE ONLY*

|  |  |
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| *1. Confirmation of attendance* |  |
| *2. Authorised for payment* |  |
| *3. Expenditure code* |  |

*NOTES*

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| *1.* | *Please send claim forms to:* | *Marion Manzie* |
| *Pharmacy Development Manager* |
| *PharmacyDepartment* |
| *Kings Cross Hospital* |
| *Clepington Road**Dundee, DD3 8EA* |

1. *This form can only be used to claim expenses in connection with meetings organised by NHS Tayside.*
2. *Completed forms must be returned to the above address no later* *than 28 days after date of meeting.*