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| **NHS GREATER GLASGOW AND CLYDE** |
| **FHS CONTRACTOR PAYMENTS – NHSGG&C LED MEETINGS** |
| **(~~GPs~~, PHARMACISTS, ~~DENTISTS AND OPTOMETRISTS~~)** |
|  |
| Name: |  |
| Contractor Name: |  |
| Contractor Address: |  |
|  |
|  |
| Contractor Code: |  |  |
|  |
| Meetings Attended  | Date | Day | Evening |
|  |  | (Please tick) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Number of attendances (Day Rate) |  | @ £185.00 |  = | £ |
| Number of attendances (Evening Rate) |  | @ £150.00 |  = | £ |
|  | Total  | £ |
| On completion please submit this claim form to the relevant authorised signatory who can confirm your attendance.**Counter Fraud Declaration**: I declare that the information I have provided is correct and complete. I understand that, if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I agree to co-operate fully with all payment verification procedures. I agree that any overpayments identified through the post payment verification procedure may be recovered at a future date by National Services Scotland for NHS GG&C.NHS GG&C may occasionally share information provided with other relevant parties for the purposes of payment verification, the prevention, detection and investigation of crime and future service development.Signature agreeing to Declaration and consent to share, disclose or obtain information: |
| Contractor | (Signature) |  |
| Name (Please Print) |  |
| Date |  |
|  |
| Confirmation of attendance by authorised signatory | (Signature)  |  |
| Name (Please Print) |  |
| Date |  |
| Financial Code |  |