

NHS Trust (Must complete)

EXPENSES & CAR ALLOWANCE AUTHORISATION

First Name..... Surname..... Assignment No.....
 Address.....
 Home Post Code..... Work Email Address.....
 Post Held..... New Post Existing post
 Work Post Code (Base).....
 Status Required (Please tick as appropriate) **USER** **AUTHORISER**
 1st Line Manager Name..... Assignment Number.....
 1st Line Manager Email Address.....
 2nd Line Manager Name..... Assignment Number.....
 2nd Line Manager Email Address.....

If you do not have a vehicle but wish to claim other expense items please do not complete the vehicle details below.

Make of Vehicle..... Model.....
 Registration Number..... Vehicle Engine Size Cc..... **Petrol / Diesel**

If this vehicle is a replacement, please give details for your existing vehicles, Registration Number
 Make Model Date of change.....

Documents to be Checked by Manager

Vehicle Registration Document	
Insurance Certified for Business	
Drivers Licence	

(Initial box when checked)

Type of User (see note below)

Medical & Dental	AFC Standard	Public Transport	Lease Car / Salary Sacrifice	



APPLICANT IS AUTHORISED TO DRIVE OWN VEHICLE ON TRUST BUSINESS AND BE PAID ACCORDING TO Agenda for Change AND TRUST REGULATIONS FROM (Start date)

Signed (Manager)..... Contact number.....

Date.....

SEND COPY TO STAFF EXPENSES DEPARTMENT, (TRAVEL) ELFS Shared Services, Unit 1, Viscount House, Arkwright Court, Commercial Road, Darwen, Lancashire BB3 0FG

*** Please ensure this section is filled in as failure could delay payment.**