PACES Examiner Expenses Claim Form



In order to obtain payment, please complete the expenses form and return with accompanied by all receipts to PacesExpenses@rcpe.ac.uk for approval.

Please note: Expenses claims cannot be approved without receipts and all expense claim forms and receipts should be submitted within 3 months of the examination date.

Please check the following before submitting an expenses claim:

- 1. All sections of the claim form have been completed
- 2. Expense claim form is submitted as a word Doc or PDF
- 3. All receipts have been attached for itemised claims on the form and submit in the following format:
 - Photograph of receipts jpeg
 - Electronic copy of receipt PDF

Any variation from this will delay processing of an expenses claim

4. Please return all claim forms and receipts to: PacesExpenses@rcpe.ac.uk

Please refer to the attached 'Travel and expense claim policy for UK examiners' for further guidance on the nature and amount of expenses which can be claimed. Only in exceptional circumstances will amounts outwith these limits be refunded, and only with prior agreement of the Examination Manager before travelling.

ANY INCORRECT CLAIMS WILL BE RETURNED UNPAID

BANK DETAILS:

Please complete in BLOCK capitals

Full	Office Use only			
Name:				
Address:	Total			
Town /	Account Code			
city				
Post code	Verified			
Email :				
Bank A/C				
Name:				
Sort				
Code:				
A/C				
Number:				



XAMINATION CENTRE:						_DATE(S):		
PURPOSE OF	TRAVEL: Examin	er Adr	nin /Support _	Su	rrogate /	Patient	Other _	(Please X
PLEASE ITEMI	ISE EACH EXPENS	E BEING CLAI	MED:					
Date	From	То	Mileage (miles)	Train	Flight	Тахі	Cost*	Receipt Attached (please X)
Date	From	То	Accommodation (Hotel Name)		Meals & Other *(Please Detail)		Cost*	Receipt Attached (Please X)
				TO	OTAL CL	AIMED £		

^{*}Where a receipt is for dinner for more than one examiner, please give full details.