

YOUR DETAILS Name Personnel No Home address _____ Postcode Month of claim	VEHICLE DETAILS If a Lease car, speedometer reading _____ Make Model Registration No Engine size If this is a new vehicle Date of change _____ Attach copy of insurance document
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CLAIM AUTHORISATION

I certify that the tax, insurance and MOT certificates are valid for the vehicle during the period claimed, that I have a valid driving licence, that the vehicle has been maintained in a road worthy condition and that my insurance covers business travel.

I certify that the expenses included on this form have been necessarily incurred for the business purposes of NHS West Midlands Strategic Health Authority.

Claimant's signature

I certify that, to the best of my knowledge and belief, the claimant was engaged on the service or business stated on the date shown.

Manager's signature

Completed forms to be sent to Payroll Department, Selly Oak Hospital, Raddlebarn Road, Selly Oak, Birmingham, B29 6JD by 2nd each month