

Tracking Parkinson's (PRoBaND Study)

Nurse travel expense claim form

Please read before completing the form overleaf

Guide

- Please complete top of form with your details and your preferred payment method. Bank transfers tend to be faster than cheques.
- Please include your study site number (e.g. 11 – Glasgow), then the Patient ID (e.g. ABCD) on the relevant line.
- For mileage claims only , please enter the starting and ending postcodes for each journey
- In the Mileage or Transport type column, please enter transport type e.g. train, bus, taxi *or* the total miles travelled on the journey.
- In the Cost column, enter the fare or value of mileage calculated at a rate of 19p/mile.

Please complete overleaf, sign and return as indicated below. Copies of receipts should be sent when submitting via email or fax; retain any receipts locally in study site file. Original receipts may be sent by post.

Submit only the form to the PRoBaND Project Centre in one of three ways,

By e-mail, scanned tracking-parkinsons@glasgow.ac.uk

By fax 0141 447 0618

By post to Tracking Parkinson's
Institute of Neuroscience & Psychology
University of Glasgow
R702 Level 7
62 Hillhead Street,
Glasgow
G12 8QB

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Please read guide overleaf before completing this form
in BLOCK CAPITALS.

Receipts must be submitted with this form where
applicable.

Name _____
 Address _____

 City _____
 Postcode _____
 Email/Phone _____
 Site Number _____

Preferred Method Cheque
 Bank Transfer

Account Number							
Sort Code			-			-	

Visit Date	Starting Postcode	Ending Postcode	Mileage or Transport type	Cost
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£
TOTAL				£

I declare that the above travelling expenses claimed were incurred by me for carrying out a PRoBaND-related patient visit and that these expenses have not been claimed elsewhere.

Signature _____ Date _____

For PRoBaND Centre (Glasgow) use only

Claim verified by _____ Initial _____
 Date submitted to Finance _____