

Tracking Parkinson's (PRoBaND Study)

Patient expenses claim form

Please read before completing the form overleaf

How to complete the expenses claim form

- a. Your name and full address are required in order to reimburse you. Your confidentiality will be respected. Your telephone number or e-mail address will only be used if we have a query about your claim.
- b. Indicate your preferred method for reimbursement. For a cheque, please provide your **mailing address**. For a direct bank transfer, please include your **Account Number** and **Sort code**.
- c. Please put the date and details for each appointment you attended in the first and second columns.
- d. 'Car mileage' - If you used your car (or were driven by someone) please write the total number of miles from your home to the study centre and back again.
- e. 'Travel fares' - Please enter any expenditure on buses or trains or a combination of different types of transport.
- f. Remember to include receipts for expenses (except for mileage claims).
- g. Add up the amounts you are claiming in each column to create sub totals. Create a grand total in the bottom right hand 'Total' box (or leave blank if you want us to calculate mileage costs).
- h. Please sign the form and give it to your study nurse or named PRoBaND researcher. He or she will process your claim via the PRoBaND Centre in Glasgow.

Procedure for study centres

Please make a check of the claim against receipts.

Retain any receipts locally in study site file.

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.

Patient expenses claim form

Receipts must be submitted to your study nurse with this form where applicable.

Name	_____	Preferred Method	<input type="checkbox"/> Cheque								
Address	_____		<input type="checkbox"/> Bank Transfer								
	_____	Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
City	_____	Sort Code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">-</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			-			-		
		-			-						
Postcode	_____										
Email/Phone	_____										

Date	Centre visited	Car mileage	Travel fares
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
		_____ @19p per mile	£
Total			£

I declare that the above travelling expenses claimed have been incurred by me.

Patient signature _____ Date _____

For PRoBaND Centre (Glasgow) use only

Claim verified by _____ Initial _____
Date submitted to Finance _____