# LONDON and KENT, SURREY AND SUSSEX – PALLIATIVE MEDICINE

# REIMBURSEMENT OF EXPENSES FOR APPROVED STUDY LEAVE

Please return by e-mail with receipts to the Study Leave team via PSP at <https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_25=true>

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| **Surname** |  | | **First name** |  | **Tel No.** | |  | **Email** | |  | | | |
| **Site Name** |  | | **GMC No.** |  | **Assignment/Payroll No.**  **(on Payslip)** | | |  | | | | | |
| **Name and Location of Course** | | | **Course Dates(s)** | **Course Code or Discretionary Reference No.** | **Course Type:**  M/O/A | | **Course Fees**  **\*\*** | **Travel/ Mileage**  **Miles £** | | | | **Subsistence**  **\*\*** | **Accommodation**  **\*\*** |
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|  | | |  |  | **Total:** | |  |  | |  | |  |  |
|  | | |  |  |  | | **Total Payment this claim**  **(Please do not complete)** | | | | |  | |
| **Educational Supervisor****signature*\**:** | | | **Date** | | | | **Print name:** | | |  | |  | | | |

**I certify** that the travelling subsistence and other allowances claimed are in respect of expenses actually and necessarily incurred whilst engaged on the business stated. Where mileage allowances have been claimed this should be calculated at 28p per mile.

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| **Trainee’s Signature** | **Date** | **Print name:** |  |

***\*Please ensure this claim is approved/ signed by your local Educational Supervisor and all receipts\*\* are attached before forwarding to HEE.***