

PACES Examiner Expenses Claim Form



In order to obtain payment, please complete the expenses form and return with accompanied by all receipts to edinburghexaminers@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 – PDFAny variation from this will delay processing of an expenses claim
4. Please return all claim forms and receipts to: edinburghexaminers@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 out-with 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

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



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

EXAMINATION CENTRE: _____ DATE(S): _____

PURPOSE OF TRAVEL: Examiner _____ Admin /Support _____ Surrogate / Patient _____ Other _____ (Please X)

PLEASE ITEMISE EACH EXPENSE BEING CLAIMED:

Date	From	To	Mileage (miles)	Train	Flight	Taxi	Cost*	Receipt Attached (please X)
Date	From	To	Accommodation (Hotel Name)	Meals & Other *(Please Detail)		Cost*	Receipt Attached (Please X)	
TOTAL CLAIMED £								

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