# CARDIFF METROPOLITAN UNIVERSITY

## SCHOOL OF HEALTH & SOCIAL SCIENCES

**CENTRE FOR SPEECH AND LANGUAGE THERAPY**

**TRAVELLING EXPENSES CLAIM FORM NHS BURSARY**

Period of claim: From: ……………………….. To: ……………………………...

Student’s Name: …………………………………………………………………………….

**Placement** *(please circle):*

Year 2: Term 1 Term 2

Year 3: Term 1 Term 2 Block Placement

Year 4: Term 1 Term 2

**Placement Trust/ LHB:** …………………………………………………………………………….

**While on placement will you be claiming excess accommodation? YES / NO** (Please circle)

(E.g. If you are paying rent in Cardiff and for accommodation on placement)

**Please collect your cheques from the Placement Administrator/SLT Secretary.**

**How to fill out the form:**

* Fill in above details.
* Make sure you have signed a permission form if you are using a car on placement (even if claiming the public transport rates).
* Fill in table overleaf
* Remember to **include receipts (or evidence for mileage/ public transport if using a car) for train/bus/toll bridge/car parking fares**.
* If you are making a claim for **excess accommodation**, please include **both rental agreements/proof of cost for the period** you are claiming for
* You **cannot claim** for expenses **in advance** (i.e. rent for the month of March if your claim is sent to me in February).
* Refer to the ‘expenses instructions for students’ information or contact Sandra Barry/Bev Reed on [sbarry@cardiffmet.ac.uk/ breed@cardiffmet.ac.uk](mailto:sbarry@cardiffmet.ac.uk/%20breed@cardiffmet.ac.uk) or (02920) 417234, if you have any questions.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Journey Details :**  **1) From –To (location&post code)**  **2)Sngl/Rtn journey** | | **Mode of Transport**  **(Bus, Train, Car, Bike etc)** | **Mileage**  **and/or**  **Cost** | **Reason for journey:**  Full location details | **Office Use only** |
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| **EXCESS ACCOMMODATION** | | | | | | |
| Dates  (from-till) | | Accommodation details - (type/location etc) | | Cost | Accommodation claimed (cheapest)  = £ ………… |  |
|  |
|  | | **Placement:** | |  |  |
|  | | **Term-time:** | |  |  |

**Overall Claim Total: £………………………… Student Signature: ……………………………………….**

Budget holder signature: ………………………………………. Date: …… /………/…..

# Code: ZZ216