

## Mileage – Home to Base

Please complete and return this Mileage sheet via Email to [timesheets@hallammedical.com](mailto:timesheets@hallammedical.com) or Fax to 0333 456 0395.  
To meet the Friday pay run, the timesheet must be fully completed and submitted by 10:00 AM on Monday morning.

Please submit this form WITH the corresponding Time Sheet otherwise mileage claims will be unpaid.  
Illegible fields or Failure to complete fields marked with a \* will delay processing and payment.

|                |  |               |  |
|----------------|--|---------------|--|
| <b>Name*:</b>  |  |               | <b>Weekending Date<br/>(Sunday) *</b><br>/ / |
| <b>Trust*:</b> |  | <b>Band*:</b> |  |

| Day       | Start Location<br>Postcode | End Location<br>Postcode | Start Mileage | End Mileage | Total Miles | Total Miles Claimed<br>(Total Miles – 30) |
|-----------|----------------------------|--------------------------|---------------|-------------|-------------|---|
| Monday    |                            |                          |               |             |             |   |
| Tuesday   |                            |                          |               |             |             |   |
| Wednesday |                            |                          |               |             |             |   |
| Thursday  |                            |                          |               |             |             |   |
| Friday    |                            |                          |               |             |             |   |
| Saturday  |                            |                          |               |             |             |   |
| Sunday    |                            |                          |               |             |             |   |
|           |                            |                          |               | Total Miles |             |   |

### Candidate Declaration

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the mileage detailed on this sheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Please make sure all original receipts are posted with your mileage sheet or this will delay payment.

**Candidate Signature\*:**

**Date\*:**