**KENT, SURREY AND SUSSEX – PALLIATIVE MEDICINE**

**REIMBURSEMENT OF EXPENSES FOR APPROVED STUDY LEAVE**

Please ensure this claim is approved/signed by your local Educational Supervisor and then attach copies of all receipts\*\* and forward to NHSE via: [england.studyleave.kss@nhs.net](mailto:england.studyleave.kss@nhs.net)

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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 Payment this claim**  **(Please do not complete)** | | | | |  | |
| **Educational Supervisor****signature*\**:** | | | **Date** | | | | **Print name:** | | |  | |  | | | |

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**I certify** that the travel, subsistence and other allowances claimed are in respect of expenses actually and necessarily incurred whilst engaged on the business stated. Mileage allowances should be calculated at the reserve rate (currently 30p per mile) applicable on the date of the activity.

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| **Resident Doctor’s Signature** | **Date** | **Print name:** |  |