

## UNIVERSITY OF DUNDEE

**TAYSIDE CENTRE FOR GENERAL PRACTICE  
4 WEEK GENERAL PRACTICE PLACEMENT  
STUDENT CLAIM FOR TRAVEL**

Complete Sections 1 and 2 in **BLOCK CAPITALS**, then return the completed form to School/Directorate with supporting documents attached for onward transmission to: expenses.ap@dundee.ac.uk

**CLAIM WILL ONLY BE AUTHORISED IF AGREEMENT HAS BEEN MADE PRIOR TO YOUR PLACEMENT**

From	Department TAYSIDE CENTRE FOR GENERAL PRACTICE	Ext No
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## SECTION 1

## PAYEE DETAILS - BLOCK CAPITALS

Title	First Name	Surname
<b>DIRECT BANK TRANSFER (BACS)</b>		<b>REMITTANCE DETAILS</b>
Sort Code (6 digit number)	Bank Account No (maximum 8 digits)	<b>ADDRESS</b>
<b>BANK NAME AND ADDRESS</b>		Post Code
<b>MATRICULATION NUMBER</b>		<b>E-MAIL ADDRESS FOR BACS REMITTANCE ADVICE</b>

## SECTION 2 - DETAILS OF PLACEMENT

Date of Placement:

Travel From	Travel To	Daily Mileage / Bus Rate (round trip)	Daily mileage total @ 20p per mile	Bridge Tolls per day	Number of Days	Total
Total						

Your mileage claim is based either on distance from TCGP or your home address to the practice you are visiting - whichever is lowest.

All receipts must be attached securely to this form

PLEASE STATE ATTENDANCE						Authorised Signature (Practice Manager / GP)
Please tick which days student attended						
WEEK 1	Mon	Tue	Wed	Thurs	Fri	
WEEK 2	Mon	Tue	Wed	Thurs	Fri	
WEEK 3	Mon	Tue	Wed	Thurs	Fri	
WEEK 4	Mon	Tue	Wed	Thurs	Fri	
Claimant's Signature						Date

## SECTION 3 TCGP AND FINANCE USE ONLY

Description						
Project	Project Type	Budget Group	Fund Source	Budget Centre	Nominal	
						Total

**\*\*\* PLEASE ENSURE FORM IS FULLY COMPLETED \*\*\***