

## PACES Examiner Expenses Claim Form



ROYAL  
COLLEGE of  
PHYSICIANS of  
EDINBURGH

In order to obtain payment, please complete the expenses form and return with accompanied by all receipts to [edinburghexaminers@rcpe.ac.uk](mailto: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 complete in BLOCK capitals

EXAMINATION CENTRE: \_\_\_\_\_ DATE(S): \_\_\_\_\_

PURPOSE OF TRAVEL: Examiner \_\_\_\_\_ Admin /Support \_\_\_\_\_ Surrogate / Patient \_\_\_\_\_ Other \_\_\_\_\_ (Please tick)

**PLEASE ITEMISE EACH EXPENSE BEING CLAIMED:**

| Date                   | From | To | Mileage<br>(miles)            | Train                             | Flight | Taxi  | Cost*                                | Receipt<br>Attached<br>(please tick) |
|------------------------|------|----|-------------------------------|-----------------------------------|--------|-------|--------------------------------------|--------------------------------------|
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
| Date                   | From | To | Accommodation<br>(Hotel Name) | Meals & Other<br>*(Please Detail) |        | Cost* | Receipt<br>Attached<br>(Please tick) |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
|                        |      |    |                               |                                   |        |       |                                      |                                      |
| <b>TOTAL CLAIMED £</b> |      |    |                               |                                   |        |       |                                      |                                      |

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



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**BANK DETAILS:**

Please Print Clearly

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

**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](mailto: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**