

<b>Name:</b>	<b>DOB (for identification purposes only):</b>	<b>Contact Number:</b>
--------------	--	------------------------

Travel, Subsistence & Accommodation						
Date expense incurred	Corresponding Timesheet Number	Travel (e.g. rail, tube, bus, ferry, air, taxi)	Accommodation	Car Parking & Toll Roads	Other – please provide details of expense incurred	Total Expense

Professional Membership Fees						
Date expense incurred	Membership period	Name of Professional Membership	Do you practice in the profession to which membership of the body relates?*	Do you need to be a member of this body in order to practice your profession*	Is the professional body listed in the PULSE Privilege approved membership list?*	Total Expense
			Y / N	Y / N	Y / N	
			Y / N	Y / N	Y / N	

Work-Related Training				
Date expense incurred	Period of training	Description of training undertaken (e.g. course)	Is the training directly related to your profession? Please provide details**	Total Expense

	<b>Total Expenses Claimed</b>
--	-------------------------------

**Associate Employee Declaration:** I confirm that any Travel, Subsistence & Accommodation costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with PULSE at a temporary workplace and fall within the terms of my PULSE Privilege Contract of Employment. I also confirm that where I have made a claim in respect of professional fees and/or work related training, the information I have provided is accurate and complete. I can confirm I have enclosed receipts for the expenses for which I am seeking reimbursement, provided all information I have been required to provide, and that my claims relate to a period where I have held employment with PULSE. For further information, please refer to the PULSE Privilege booklet.

Signed ..... Date .....

Please return to: PULSE PRIVILEGE TEAM, FREEPOST ANG9995, BROXBORNE, EN10 6BR