



InterAct Medical, Metropolitan House, Building 900, 321
 Avebury Boulevard, Central Milton Keynes MK9 2GA
 Telephone 01908 357900, Fax: 01908 764347
www.interactmedical.co.uk

Expense Claim Form

Receipts must be provided Fax 01908 764347 or timesheets@interactmedical.co.uk

LOCUM DETAILS	
First Name:	GMC Number:
Last Name:	Week Ending Date:
Hospital:	Ref Number:
Grade & Specialty:	

Mileage Claim - All mileage is payable at 23p per mile			
Date	Description (postcode from/to)	Total Miles	Amount Claimed (£)
Total mileage Claimed			

Other Expenses - Please number your receipt and attached to your claim form			
Date	Description	Receipt Number	Amount Claimed (£)
Total Claimed			

Locum Signature	Date:
Client Signature I agree that the above expenses as recorded above are chargeable. I also confirm that this record has been fully completed.	Date:
	Print Name:	