**General Practice Additional Costs related to COVID19 Reimbursement form**

*One sheet should be submitted per expense. Expenses should be collated where possible e.g. if a locum works in your practice for 6 days over the month submit one claim for the costs.*

*Practices should not submit claims for remaining open on the April and May Public Holidays as these will be paid separately.*

Practice name: Click or tap here to enter text.

Practice address: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Practice ID: Click or tap here to enter text.

*Tick one box.*

External Support

Internal Support

Other Expense

*For External Support claims only please specify who was employed*

External Support: nameClick or tap here to enter text.

*For Internal Support claims only please specify the employee or partners’ name.*

Internal Support: nameClick or tap here to enter text.

*For Other Expense claims only please specify the expense and the supplier.*

Expense Click or tap here to enter text.

Supplier Click or tap here to enter text.

*Expenses should only be submitted for one calendar month per submission (i.e. two forms should be submitted for a locum employed from 3rd March to 12th April; one for 3rd March to 31st March and another for 1st April to 12th April).*

*An end date does not need to be supplied for one-off expenses such as purchases of goods.*

Month Click or tap to enter a date.

Expense incurred from Click or tap to enter a date. to Click or tap to enter a date.

*Claims should generally be to provide sick leave cover, carry out additional work caused by the response to the coronavirus or to support that work.*

Reason for expense: Click or tap here to enter text.

*This should be the cost for the calendar month of the claim not the total to date.*

Cost: Click or tap here to enter text.

*Where possible receipts, payslips etc. should be provided in support of claims.*

Evidence provided: Click or tap here to enter text.

Declaration

I declare that the information in this form is correct. If it is not, I accept that my practice’s ability to claim support may be affected.

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

**For Board Use Only**

Authorised by:

Name: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.