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

*One copy of this form should be submitted to accompany your individual claims for the month.*

Practice name: Click or tap here to enter text.

Practice address: Click or tap here to enter text.

Practice ID: Click or tap here to enter text.

*Please total the value of your claims.*

External Support Click or tap here to enter text.

Internal Support Click or tap here to enter text.

Other Expense Click or tap here to enter text.

Total 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).*

Month Click or tap to enter a date.

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.