

## Procedure for Processing Claims for Travel Expense Reimbursement

**Effective from:** 1 December 2010

**Review Date:** 30 November 2013

### 1. Introduction

This procedure sets out the arrangements for checking and certifying that authorised signatures on all claim forms for travel expense reimbursement are correct before they are sent to Payroll for payment.

### 2. Purpose

The purpose of this procedure is to ensure:

- a) All claims from employees for travel expense reimbursement are authorised in accordance with the Trust's Corporate Governance Manual: Scheme of Delegation.
- b) Authorised signatures on all claims are checked and certified correct.
- c) All claims are completed, batched and paid on a monthly basis.
- d) A schedule of authorised signatories is maintained at all times.

### 3. Scope

3.1 This procedure applies to:

- a) All employees.
- b) All claims for travelling expenses (with the exception of 3.2 c) below).

3.2 It does **not** apply to the authorisation of the following as these are covered by separate arrangements:

- a) Appointment and Termination Forms
- b) Claims for telephone rental/calls reimbursement
- c) Claims for financial assistance and expenses associated with training and/or study leave.
- d) All other claims that are authorised either through the Nurse Bank or Human Resources Department (e.g. relocation expenses, domiciliary fees for medical staff, locum sessions).

### 4. Procedure

4.1 All employees must ensure their claim form(s) are completed, signed and submitted to their manager for authorisation at the end of each month to which the claim relates.

4.2 The officer authorising the form(s) must ensure each claim is appropriate and correct before certifying for payment. This will include checking:

- a) Expenses claimed have been incurred
- b) Mileage claims are an accurate representation of distance travelled and the

- reason for each journey is completed correctly.
- c) The claimant's identity on the form (e.g. name, job title, assignment [ESR] number)
  - d) Claim forms are signed and dated by the claimant
  - e) The correct financial code and cost centre are stated (where appropriate).
- 4.3 On no account should a form be returned to the employee after certification. This is to avoid any attempts to submit fraudulent claims. Furthermore, appropriate arrangements must be made to ensure forms are handled and processed securely both before and after batching. For example, forms should only be accessible by certain members of staff and sealed envelopes should be used for transportation. Forms should be sent to Payroll via the courier service that collects from the Human Resources Department.
- 4.4 Claim forms should be collated and attached to a Batch-header (see Appendix 1) which should be signed by the relevant authorised officer (see Corporate Governance Manual: Scheme of Delegation Guidelines on the intranet) to certify that all authorised signatures on the claims are correct.
- 4.5 An officer authorised to sign a Batch-header should normally be at Level 2 (Directorate Manager/Head of Department) or above. The Batch-header signatory should normally be different to the authorised signatory on the claim form(s). Where it is not expedient or reasonably practicable to do this, the same officer can authorise a claim(s) and the Batch-header.
- 4.6 The above steps in the procedure should be completed promptly after each calendar month end to ensure all claim forms are received by Payroll no later than the 5th day of the following month. This will ensure that payments are made that month i.e. one month in arrears. Any batches received after the 5th day will not be paid until the following month i.e. two months in arrears.
- 4.7 Certified Batch-header forms must be retained by the relevant manager for record purposes for three months after the date of signing. Payroll will store the original Batch-header form with the relevant claim forms received for each respective period.
- 4.8 The Finance Department will maintain a schedule of authorised signatories. (The Human Resources Department will send the Finance Department a list of leavers each month).
- 4.9 The Finance Department will ensure that Payroll has access to an up-to-date list of authorised signatories for checking purposes.
- 4.10 Payroll will check all Batch-headers against the Schedule of Authorised Signatories to ensure the signature is correct. They will also check all the attached claim forms for accuracy and to ensure they are signed.

- 4.11 If a Batch-header form has not been certified correctly, Payroll will return the form with the attached batch of claims to the relevant Manager to check and certify. Similarly, if claim forms are received by Payroll without an accompanying Batch-header, Payroll will return them to the Manager for action.
- 4.12 Where Payroll find an error/query on a claim form that affects the total amount due, they will only process payment for the correct/non-queried information. The original form will be returned to the Manager to investigate and, if necessary, recertify and return for payment. Payroll will retain a copy of the original form as evidence for the payment processed.
- 4.13 Where the authorised signature on a claim form or Batch-header is either incorrect, or does not match the sample signature, Payroll will report the matter immediately to the Head of Financial Management so that he/she can investigate. Any claim(s) subject to investigation must not be paid unless approval is given by the Head of Financial Management or nominated deputy.
- 4.14 Any questionable claim form, or where a fraud is suspected should be brought immediately to the attention of the Trust's Counter Fraud Specialist – see intranet for contact.

## **5. Review**

The Director of Human Resources is responsible for the review and amendment of this procedure.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Batch-header for  
Expense Reimbursement Forms**

Hospital: \_\_\_\_\_

Ward/Department: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Please find enclosed \_\_\_\_\_ forms for processing and payment.

The enclosed forms have been certified as correct by an appropriate authorised signatory of the Trust.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_

To be delivered to Payroll Services at the following address by no later than 5th day of each month:

North of Tyne Payroll Service  
Unit 7/8  
Silver Fox Way  
Cobalt Business Park  
Newcastle  
NE27 0QJ

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Copies: Original to Payroll  
Copy to be retained by Authorising Officer for 2 years