**Appendix H – Involvement Payment Claim Form**

**Reimbursement Payments**

Claim form for participation in Trust meetings and business

Name: Payroll ID: …..……………………………………

Address: Postcode: ………………………………………...

Please give details of meetings/interviews etc attended including dates, a description, the number of hours spent at the meeting. If you have spent time beforehand reading through reports etc for preparation purposes, you can claim for this. However, all claims must be verified by the person running the meeting. This person must sign against your claim.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | | **Hours Claimed** | **Meeting details and location** | **Additional work (eg. pre-reading/ preparation)** | **Claim confirmed as accurate by meeting organiser (Signature/Printed Name)** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Hours Claimed** | | |  |  | | |
| **Total Days Claimed** | | |  | (Half = 4 Hours or less £35, Full = 4+ Hours £70) | | |

***If the £20 per week permitted work rule applies to you please tick this box (please note we cannot pay above this level if this applies to you)***

Declaration

I declare that this claim represents a true record of my time spent in Sheffield Health and Social Care NHS Foundation Trust business and that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed (claimant): Date:

**Checklist – before handing in this claim form please make sure of the following**

* The lead from each meeting has signed verifying the number of hours for which you are claiming
* You have signed the declaration overleaf
* You have filled in your payroll ID (you only need do this the first time you complete this form. Your details will be held on our records thereafter)
* You have checked the appropriate box if you have an earnings limit of £20 per week.

**Important notes (please read carefully)**

Tax and National Insurance

Please return this form to:

Engagement Manager

Sheffield Health & Social Care NHS Foundation Trust

Fulwood House

Old Fulwood Rd

Sheffield S10 3TH

**Use our internal post system from one of our sites if possible**

* Tax will be deducted from all payments at a flat rate of 20%
* Payments will not exceed the weekly threshold; therefore NI will not be deducted from payments.
* At the end of each financial year, you will be sent a P60 detailing all your earnings and deductions for the year
* Sheffield Health and Social Care has a duty to inform the Inland Revenue of any payments made

Benefits

* For benefits purposes you MUST include this in any discussions with the Benefits Agency

For office use only

Counter signature (budget holder):

Print name: Date:

Finance code: \_ \_ / \_ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ for \_\_\_\_\_ hours

Finance code: \_ \_ / \_ \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ for \_\_\_\_\_ hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | £ | p | Tax @ 20% | | **Total**  (less tax if applicable) |
| £ | p |
|  |  |  |  |  |  |