NHS GRAMPIAN

**REIMBURSEMENT FOR MORAY MATERNITY PATIENTS’ TRAVELLING EXPENSES**

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| Patients Name, Address and Telephone Number: D O B:  . | |
| Name & DOB of your baby:  Name of your community midwife: | |
|  | |
| Date of Travel : | Date of Return : |
| Mode of Travel : | |
| Cost of Rail Ticket or Mileage Claimed by Car: Please include receipts for rail/ bus travel.  DATE SENT TO FINANCE: | |
| **OVER NIGHT ACCOMMODATION**:  1. The cost of accommodation for partners travelling for a birth in Aberdeen of up to £75 per night for a maximum of two nights can also be reimbursed.    Please include a receipt along with this travel form. Please tick here to confirm midwife authorised reimbursement:  2. Costs are for patient and partner only.  Please return this form to:   * **General Office Manager, Aberdeen Royal Infirmary, Forsterhill, Aberdeen, AB25 2ZN**   Claims should be processed within four weeks. If you have not received payment within four weeks, please call NHS Grampian’s General Office for advice on 01224 554150. | |

General Office Use Only

Authorised for Payment: Name: ...............................................................................

Designation: .......................................................................