



## INSIGNIA Travel Expense Refund Information Sheet

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- Reasonable expenses incurred as a direct result of attending an appointment for blood sample collection will be refunded.
- Expenses that will be refunded include:
  - Travel costs eg. train or bus fares
  - Mileage costs for travel by car, motorcycle or bicycle
  - Parking charges within the hospital/clinic

### How do I claim a refund?

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- Please complete the expense claim form that accompanies this information sheet (Genome Research Limited, Visitor Expense Claim), and return the form, along with receipts for the expenditure to:

Dr Rebecca Harris  
Wellcome Trust Sanger Institute  
Wellcome Trust Genome Campus  
Hinxton  
Cambridgeshire  
CB10 1SA

Email: rh19@sanger.ac.uk

### Instructions for Completing the Expense Claim Form

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1. Please enter your name and address details
2. Please complete the following sections:
  - **Bank name**
  - **Bank sort code**
  - **Bank account no.**
  - **Account name**
3. Please provide details of the expense incurred:
  - **Date expense incurred:** Please enter date of clinic appointment/travel to clinic here
  - **Nature of expense:**
    - a) For parking fee incurred while at appointment for blood sample collection please enter "*Hospital Parking fee*"
    - b) For reclaiming travel costs (excluding mileage claim) please enter "*Travel*" and indicate the nature of the travel fare as appropriate eg. "*Travel - Bus ticket*"
    - c) To make a mileage claim please complete the details under "**Mileage allowance only**".

Information needed for a mileage claim includes:

  - Where the journey was made from and to
  - Car make and model (or enter "*motorcycle*" or "*bicycle*" here as appropriate)
  - Mileage
  - The rate at which mileage is to be claimed. Details of the rates can be found at the bottom of the form within the **NOTES** section.
  - **Amount claimed:** For each type of expense, please provide details of the amount you are claiming for.
  - **TOTAL AMOUNT CLAIMED:** Please indicate the total figure you are claiming for.
4. Please sign within "**Signature of claimant**" box and enter date of claim.