INSGNIA Travel Expense Refund Information Sheet

- 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?

- 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

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.