

Primary Care Network (PCN) Expenses Claims Form

Primary Care Network (PCN) groups may pay back fill for attendance at meetings. Please check before claiming. A claim can only be made from Community Pharmacy West Yorkshire (CPWY) if no other reimbursement is available / has been received for attending these meetings. See additional notes overleaf.

Name:	
Address:	
Telephone or email in case of query:	

PCN Meeting Attendance <small>(note 1)</small>		Meeting Date	Amount Claimed
Confirm meeting feedback submitted:	<input type="checkbox"/>		£

Claim for Additional PCN work <small>(note 2)</small> (Prior approval needed)	Date	Amount Claimed
Brief description of work undertaken:		£
Additional work authorised by:		

Claim for Maturity Matrix Work <small>(note 3)</small>	Date	Amount Claimed
No. of hours claimed at £30 per hour:		£
Brief description of work undertaken:		

Payment will be made by BACS. Payment can only be made to a contractor bank account.

Sort Code:		Account No:	
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Account Name:	
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I can confirm that no other funding is available for attendance at these events:

Claimant Name:		Date:	
Claimant Signature:			

Please submit completed forms to info@cpwy.org

CPWY to complete	Services 2241	Dept 5: £		Dept 6: £	
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Notes for Completion of PCN Expenses Claims Form

Note 1

Claims for meeting attendance will only be paid where:

- meeting feedback has been submitted, via PharmOutcomes, ideally within a week of the meeting and definitely within 4 weeks of the meeting, and
- where a Declaration of Interest form has been submitted to CPWY. The PCN Community Pharmacy representative is responsible for updating CPWY of any subsequent changes to their interests.

Note 2

Prior approval is needed to agree funding for any additional work which is being undertaken. Please briefly detail the work which has been done and who approved the payment of expenses for this work.

Note 3

Please state the number of hours being claimed for at £30 per hour and briefly detail the work done.