

Please refer to	'Appointee Ter	ms and Co	onditions', \	which can b	e found a	t <u>www.sqa.org.uk</u> for co	nditions and rates ap	pplicable	
NI Number						Name			
Address		l							
Postcode									
						•			
Reason for clair Verfication)	n (e.g. Visiting	Verificatio	n, Central						
Verification Gro	oup Name & Nu	umber		-					
Centre/Venue									
Date, time and	place of depar	ture		-					
Date, time and	place of return	ı							
Time spent at c	entre/event								
Time spent trav	_								
Was accommod provide name of		d by SQA, i	f yes please	e _					
Were duties ca	rried out in em	ployer's ti	me (Yes/No	o)					
Travelling Expe	nses								
Rail Fares	From					To Return (Y/N)			£
Bus Fares	From					To Return (Y/N)			£
Car Mileage									
Date	From				То		Return (Y/N)	Total Mileage	(37p per mile)
									£
									£
Other Travellin	g (Please speci	ifv)			•				
	8 (	//							£
									£
Subsistance/Os	har Nacassan	Evnences	(receints =	nust ha nea	wided for	All evnences			ı
Date	Details	ner Necessary Expenses (receipts must be provided for ALL expenses)  Details							£
									£
									£
Total Overall Expenses								£	
	h the rates det	ermined b	y the Scott			e and subsistence detaile hority and that the trav			arged are in strict
Signature	c solely on sur							Date	
	-							<del></del>	

## For Office Use

Cost Centre	No of Hours Employers time	No of Hours Own time	Total Fees	Total Expenses	Entered by	Checked by