King's College Hospital
NHS Foundation Trust

Expenses Registration Form

Complete this form to be setup on Expenses.

**Mandatory Field (if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again)*

If completing this form by hand please complete in CAPITALS and use BLACK INK only.

Employee Current Details	
Trust*	
Employee No.*	-
Surname*	
Forename(s)*	
Access Role*	Claimant Yes ☐ No ☐ Approver Yes ☐ No ☐
Approval Group (if applicable)	
Work (NHS) Email address*	

Vehicle Details - Please complete if applicable			
Vehicle Make			
Vehicle Model			
Vehicle Registration Number			
Engine Type	Petrol ☐	Diesel ☐	LPG ☐ Electric ☐
Car Engine Size		Motorcycle Engine Size	
Standard or Essential User		Standard ☐	Essential ☐
Effective Start Date for this vehicle		D D M M Y Y Y Y	

Your authorisation			
Forename(s)*			
Surname*			
Authorised Signature	This form will be regarded as signed if sent from a business email address. Paper copies must be signed.	Date*	D D M M Y Y Y Y
Contact No.*			

After completion please submit via email to: kch.payrollandexpenses@nhs.net

Clear Form