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| Name of birthing parent: |  | Contact phone number: |  |
| Address: |  | Name of your baby: |  |
| D.O.B of your baby: |  |
| Name of your community midwife: |  | Date of travel to Aberdeen Maternity Hospital: |  |
| Mode of travel (car/bus/train): |  | Date of return travel home: |  |
| Mileage claimed by car or cost of rail/bus ticket: (*please include receipts for rail or bus travel).* |  | Date form submitted: |  |
| OVERNIGHT ACCOMMODATION: | | | |

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| The cost of accommodation for your partner travelling to Aberdeen for a birth can also be reimbursed for up to £75 per night, for a maximum of two nights  Please attach your receipt (document or clear photo) to your email. |

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| COMPLETED FORMS: |
| Once complete, please **email this form along with any receipts to** [**gram.moraymatforms@nhs.scot**](mailto:gram.moraymatforms@nhs.scot)  Alternatively, print and post this form to General Office Manager, Aberdeen Royal Infirmary, Foresterhill, Aberdeen, AB25 2ZN  Claims should be processed within four weeks. If you have not received payment within four weeks, please call NHS Grampian’s General Office for advice on 01224 554150. |

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| FOR OFFICE USE ONLY: | | | |
| Authorised for Payment: |  | Designation: |  |