

**ID-19 CONSUMABLES EMERGENCY EXPENSES FOR GENERAL PRACTICE PROVIDERS CLAIM FC**

**PRACTICE CODE:**  
**PRACTICE NAME:**


As per the Birmingham and Solihull CCG Covid19 Emergency Expenses for General Practice Providers process, please indicate below the quantity purchased (where applicable) and costs incurred in each category of allowed expenditure. Each practice will be paid an amount on account based on list size. This claim is for the summary of expenditure over the period up to the maximum amount paid on account. If subsequently there are any underspends, these will be recovered at a later date.

EXPENSE TYPE	TOTAL QUANTITY (where applicable)	TOTAL COST £
THERMOMETERS		
BP MONITORS		
PULSE OXIMETERS		
CLEANING EQUIPMENT/PRODUCTS		
HAND SANITISER / DISINFECTANT		
STATIONERY		
<b>TOTAL COST</b>		-

By submitting this form, you are declaring the claim to be a true and accurate reflection of the costs of these items incurred in excess of normal practice stock in response to Covid19.

Please retain proof of purchase within the practice for audit purposes and subsequent validation as requested.

**CLAIM SUBMITTED BY:**  
**CLAIM AUTHORISED BY (GP PARTNER):**  
**DATE:**


**Please return completed claim forms to:**  
[nhsbsolccg.finance@nhs.net](mailto:nhsbsolccg.finance@nhs.net)