**New Approver Authorisation Form**

This form is to be completed by the Approving Manager for the specific area of work, which needs to be stated below.

Once this form has been **fully** completed and signed, by Approving Manager, please scan and sent to:

[E-expenses@sthk.nhs.uk](mailto:E-expenses@sthk.nhs.uk)

**PLEASE NOTE: Failure to fully complete and sign this form will result in the form being returned to you, which will cause a delay in your details being processed.**

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| --- | --- |
| **APPROVER NAME:** |  |
| **APPROVER EMAIL ADDRESS:** |  |
| **PLEASE STATE WHO YOU WILL APPROVE CLAIMS FOR:**  **(PLEASE STATE WORK ADDRESS AND EMPLOYEE NAME)** |  |

**ROLES AND RESPONSIBILITIES:**

* It is the approvers’ responsibility to check that appropriate vehicle checks have been adhered to, i.e. Business Insurance cover**,** MOT and that they are valid and recorded as required in the e-Expenses system.
* It is the approvers’ responsibility to approve mileage and expense claims for staff in their areas
* It is the approvers’ responsibility to ensure authorisations, as above, are completed in a timely manner in line with required deadlines.

***Disclaimer***

*By becoming an e-Expenses approver I declare that I will approve* ***official business expense*** *claim information which is correct and complete.*

*I understand that if I knowingly approve false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.*

*I consent to the disclosure of any approvals I make against expense claim information for the purpose of claim verification and the investigation, prevention, detection and prosecution of fraud.*

|  |  |
| --- | --- |
| **PRINT NAME:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

***PLEASE NOTE THAT UNTIL THIS FORM IS COMPLETED AND SUBMITTED TO THE E-EXPENSES TEAM, APPROVER ACCOUNTS CANNOT BE CREATED.***

***PLEASE ALLOW UP TO 5 WORKING DAYS FOR YOUR E-EXPENSES LOGIN DETAILS TO BE ISSUED***