

A guide to

Personal and Public Involvement (PPI)



Service User, Carer or Stakeholder claim for reimbursement of expenses

Name of Claimant:

Address:

Date of Meeting:

Place of Meeting:

Purpose/Group/Project:

I wish to claim:

Expense Type:		Detail:	£
Replacement Care / Individual Support:			
	Carer's / Personal		
	Other (please specify)		
Travel:			
	Car Mileage		
	Bus / Train Fare (attach ticket)		
	Taxi Fare (attach receipt)		
Subsistence:			
	Other (please specify):		
	Total		

KEY

Planning

Doing

Reviewing

<http://engage.hscni.net>



PPI - Involving you, improving care



Signature of Claimant:

Date:

For Official Use Only

Approved by:

Date:

HSC Officer

Cost Centre:

Account / Activity Code:

HSC Officer – Please send to BSO travel with any receipts attached

For more information on Involvement, Co-Production and Partnership Working,
please visit the Engage website:

<http://engage.hscni.net>

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