

## **Humber Local Pharmaceutical Committee**

First floor, Shirethorn House, Redcliff Road, Hessle, HU130EY

T: 01482 335824

W: http://communitypharmacyhumber.co.uk

## 1 Appendix A – Expense Invoice – Humber LPC

Name;						
Correspond	ence address:					
Telephone N	lumber:			]		
or Email addre						
Sundry Exp				_		
Date	Description of Expense	Amount	Receipt?			
	Mileage Claim*:	Company / individual rate (delete as applicable)				
	No of miles @ p per mile  Parking/bridge toll/other fee*:					
*please co	Please attach copy of receipt(s)  *please complete breakdown overleaf  Total					
-				_		
Locum Expe Date	Mours and Hourly Rate (Company rate):			Amount		
	•					
	·		Total			
NB: Locum	agency fees, locum expenses and travel m	nust be agreed prior to com		expense.		
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Date	Travelling to/from	Return	Meeting/event	Total mileage
Total				

Date	Receipt for?	Attached?	Meeting/event	Amount
Total				