

# **Humber Local Pharmaceutical Committee**

# LPC Member Expense Claim Form

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone no |  |
| Email address |  |

Attendance Allowance total (see breakdown overleaf)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Daily rate\* | Number of hours\* | Hourly Rate\* | Total |
|  |  |  |  |  |
|  |  |  |  |  |

\*Please complete as appropriate

Travel Expenses total (see breakdown overleaf)

(Car mileage 45p per mile as per HMRC guidance)

|  |  |
| --- | --- |
| Mileage | Total Claim |
|  |  |

Sundry Expenses Total (see breakdown overleaf)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Details of Expenses | Amount | Total |
|  |  |  |  |

Total Claim

£

Details for BACs Payment

|  |  |
| --- | --- |
| Payee Name(as it appears on the bank account) |  |
| Bank Sort Code |  |
| Bank Account Number |  |
| Preferred Banking Reference  |  |

Declaration

These expenses have been incurred in accordance with the LPC Expenses Policy. I will declare any personal income to HMRC for tax and NI purposes.

|  |  |
| --- | --- |
| Signature | Date |

Please submit completed forms, together with all available receipts to the Treasurer, with all available receipts within 3 months of the expenses occurring occurring joanne.carter8@nhs.net as per the expenses policy.

Attendance Allowance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Meeting/event | Number of hours (@ £40) \* | Daily allowance\* | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

\*Complete as appropriate

Travel Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Travelling to/from | Return | Meeting/event | Total mileage |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

Sundry Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Item | Reason | Receipt?  | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |