



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
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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				