

NEONATAL AND PAEDIATRIC PHARMACISTS GROUP (NPPG) EXPENSES CLAIM FORM

The expense form should be completed for payment in respect of work undertaken and incidental or travelling expenses incurred on behalf of NPPG. **Receipts must be attached.**

Detailed account of work undertaken/expenses incurred by:

PAUL ELBOURN
(Name in BLOCK CAPITALS)

Address for payment:

OR

Bank Details for payment:

Name on Account

FIRST DIRECT

Bank

PA ELBOURN

Sort Code

40-47-58

Account Number

Part 1: Secretarial Expenses (rate agreed as £5.00 per hour)

Date	Nature of Work	Number of Hours	Amount claimed
		Total	£

Part 2: Travel and Accommodation

Meeting attended:

Date:

	Details	Amount Claimed
Fares		
Miles	<u>240 @ 0.45p.</u>	<u>£108.</u>
Meals		
Accommodation		
Other	<u>Parking</u>	<u>£5.50</u>
	Total	£ <u>£113.50</u>

09-07-17 16:17
TERMINAL-USER-TRAN
*****4630-0001-3800
HALLMARK INN DERBY
MIDLAND ROAD
DERBY
MERCHANT ID : X029050
*****4646
ICC
Visa APSN-01
AID : '000000031010'
VISA DEBIT UK
SALE TOTAL
GBP5.50
MR. P A ELBOURN
PLEASE DEBIT MY ACCOUNT WITH THE
TOTAL AMOUNT IN GBP SHOWN.
PIN VERIFIED
PLEASE RETAIN THIS RECEIPT FOR YOUR
RECORDS.
SNO = 927 1852 7904 7562 L292
AUTH CODE = 000354

Claimed

s 1-3 above)

Signature:

Date:

6th July 2017.

Authorising Signature:
(Chair of NPPG)

Date:

Cheque Number:

Date: