

1 Appendix A – Expense Invoice – Humber LPC

Name:
Correspondence address:
Telephone Number: or Email address:

Sundry Expenses

Date	Description of Expense	Amount	Receipt?
	Mileage Claim*: No of miles @ p per mile <div style="border: 1px solid black; padding: 2px; display: inline-block;">Company / individual rate (delete as applicable)</div>		
	Parking/bridge toll/other fee*: Please attach copy of receipt(s)		
*please complete breakdown overleaf		Total	

Locum Expenses

Date	Hours and Hourly Rate (Company rate):	Amount
Total		

NB: Locum agency fees, locum expenses and travel must be agreed prior to committing to the expense.

The organisation to which payment is made is responsible for the payment of all National Insurance contributions and any liability for the payment of Income Tax arising from this expense invoice.
I declare that the expenses claimed have been incurred whilst on LPC business and are the responsibility of no other body and this is the one and only claim made for this expense.

Signature

Policy on Expense Claims All claims must be made in accordance with the LPC's agreed policy

Company BACS payment details:	
Bank:	
Sort code:	
Account No:	
Company:	

Date Received	
Authorised	
Date Paid	
Cheque No.	

Company cheque payment details:	
Company Name:	Cheque payable to:

Please submit completed forms together with any available receipts to the Treasurer

