

HIGHLAND LOCAL MEDICAL COMMITTEE

Expenses Claim Form

CHAIRMAN
MEDICAL SECRETARY
LAY SECRETARY

Dr J Ball
Dr S Hussey Wilson
Lindsay Dunn

Correspondence: 156 Miller Street
Inverness
IV2 3DL

Telephone: 07582 097718
E-mail: admin.highlandlmc@nhs.net

Claimant Name:	
Practice to which payment should be sent:	
Payment to be made to:	
Meeting & Dates:	

Details of Claim

ITEM	
<u>Honorarium</u>	£
LMC Meeting £100 honorarium paid	100
<u>Additional costs</u> (please detail and include receipts)	

If you wish to be paid by BACs. Please enter your account details below:

Account name:..... Bank:
Account number: Sort code:

Claimant Signature:

Date:

For office use:

Form checked and authorised for payment

Signed: _____ Date: _____ Chq No. : _____

Date entered into system: _____ BACs ref.: _____

Please return form to: Lindsay Dunn, 156 Miller Street, Inverness, IV2 3DL