|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| or email in case of query: |  |

### Sundry Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description of Expense** | **Amount** | **Receipt?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |
| ***Payment will be made by BACS. Please provide details bank account details for these expenses.*** |
| **Bank Account Name:** |  |
| **Sort Code:** |  | **Account No**: |  |

### Meeting Allowance

|  |  |  |
| --- | --- | --- |
| **Date** | **Hours Attended / Half Day / Full Day** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |
| ***Payment will be made by BACS. Payment can only be made to a contractor bank account.*** |
| **Bank Account Name:** |  |
| **Sort Code:** |  | **Account No**: |  |

I declare that the expenses claimed have been incurred whilst on Community Pharmacy West Yorkshire business and I have not claimed or invoiced for any item listed from any other organisation.

I will declare income to HMRC and accept responsibility for any taxes and national insurance due.

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

**Please submit completed forms together with any available receipts to:** **kathryn@cpwy.org**