

## **CPSY** members expenses form

## LPC Member Expense Claim Form

Name							
Address							
Telephone no							
Email address							
Locum Expenses	/Daily A	l Allowance					
Date Number of Hours					Hourly Rate		Total
Travel Expenses							<u> </u>
(Car mileage 45p	per m	ile)				_	
Mileage			Total Claim				
Sundry Expenses	<u> </u>						
Date Details of Expenses					Amount		Total
		·					
Total Claim						£	
Datails for DACs	Dayma	.+			L		
Details for BACs Payee Name	Payme	III.					
(as it appears o	n the b	ank account)					
Bank Sort Code							
Bank Account Number							
Declaration							
These expenses hat toHMRC for tax pu			rdance witl	h the LPC Expe	enses Policy. I will (	declare any pe	ersonal income
Signature					Date		
						<u> </u>	
For office use			Paid				

Please submit completed forms, together with all available receipts to <a href="mailto:treasurer@cpsy.org.uk">treasurer@cpsy.org.uk</a> with all available receipts within 3 months of the expenses occurring