

# Berkshire Local Medical Committee

## CLAIM FOR HONORARIA & EXPENSES

Name \_\_\_\_\_

Date \_\_\_\_\_

### Meeting of the Local Medical Committee

No. Meetings Attended	Honorarium per meeting	Total Honorarium		Mileage (return)	Total travelling cost @ £1/mile
	<b>£150</b>				

### Other Meetings Attended on behalf of the LMC

Date	Meeting Attended	Honorarium		Mileage (return)	Total travelling cost @ 50p/mile

Totals	Honoraria		Travel		
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<b>Total claimed</b>	
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I attended the above meetings on behalf of the LMC

Signature .....