

**57th ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES  
FRIDAY 13 JUNE 2007**

**EXPENSES CLAIM - LDC REPRESENTATIVES**

This form should be used only by Representatives of  
Local Dental Committees. – not LDC Conference Observers

Surname (please print) \_\_\_\_\_ Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Address in full \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Tel no \_\_\_\_\_

Representing \_\_\_\_\_ Local Dental Committee

Air Fare \_\_\_\_\_  
(if not booked through Virtuoso Travel) £ \_\_\_\_\_

Standard Class Return Rail Fare \_\_\_\_\_  
(if not booked through Virtuoso Travel) £ \_\_\_\_\_

Any sleeper charges £ \_\_\_\_\_

Car mileage (37p per mile) £ \_\_\_\_\_

Taxi fare (include receipt) £ \_\_\_\_\_

Hotel costs necessarily incurred \_\_\_\_\_  
(if not booked through Virtuoso Travel) £ \_\_\_\_\_  
£108.00 which includes breakfast and is  
for one night only

Claim if staying with friends/relatives \_\_\_\_\_  
£25 one night £ \_\_\_\_\_

Evening meal cost for Friday if arriving  
home after 8 pm – up to £12.00 \_\_\_\_\_  
(receipt must be included) £ \_\_\_\_\_

Total expenses claimed £ \_\_\_\_\_

I claim payment of the above expenses necessarily incurred in attending the Annual  
Conference of Local Dental Committees. I am not claiming reimbursement from any  
other source.

Signature \_\_\_\_\_

**Please hand in this form during the meeting, or send it as soon as possible to  
the Honorary Treasurer, Annual Conference of Local Dental Committees, Tim  
Harker, The Dental Practice, Llantarnam Road, Cwmbran NP44 3BH Wales  
Tel (work): 01633 483151 - . Please attach receipts for all expenses incurred.**