

**60th ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES
FRIDAY 10 JUNE 2011**

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 £ _____

Standard Class Return Rail Fare £ _____

Any sleeper charges £ _____

Car mileage (40p per mile) £ _____

Taxi fare (include receipt) £ _____

Hotel costs necessarily incurred £ _____

(if not booked through Fresh Reservations)
£120 which includes breakfast and is
for one night only

Claim if staying with friends/relatives £ _____
£25 one night

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:
Tim Harker, Honorary Treasurer, Annual Conference of Local Dental Committees,
Please attach receipts for all expenses incurred.**

**Tim Harker
Honorary Treasurer, Annual Conference of LDCs
The Dental Practice
Llantarnam Road
Cwmbran
NP44 3BH**