SCOTLAND

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES, FORM MUST NOT BE COMPLETED BY LEASED CAR

DRIVERS OR HMAD STAFF)

EMPLOYEE DETAILS	Completion of these fields are mandatory. Please use BLOCK CAPITALS )	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)
NAME (as per current pays(p)	John Matthews	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE
HOME ADDRESS		ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE (A)
		ruel type	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED (B)
DESIGNATION	Non Executive Director	CO2 EMSSIONS LEVEL	
BASE		MOY EXPRIY DATE	TOTAL MILES / COST . (A x B
SINGLE DISTANCE FROM HO PERMANENT WORKPLACE IN		MAKE AND MODEL	

CAR CHANGED	SINCE LA	STCL	UM7 YE			TACH A COPY OF	YOUR INSURAM	CE POLICY			DATE OF CHANGE? /	
					T			CEFOCET				
DATE	REASON FOR JOURNEY	NE NE	POET	DETAILS OF JOURNALY (INCLUDING NAMES OF PASSENGERS)	FULL		AGE		-	EOF	EXPENSES	
	M 3	START	525	Sanda Errord da Lordo Anto de Control de Con	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENCER MLEAGE	OFFICIAL USE ONLY			DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
m	P	(2)	(4)	OR DESCRIPTION OF CLAM (5)	FI			(a)	CEPARTURE [10]	[11]	(12)	[13] P
02-Aug-16	8			Home - J B Russell House - Home				August and a second				
04-Aug			15	Home - Gueen Ekrabeth University Hoxpital - Home			5					
16-Aug-16	8			Home - William Quarrier Centre - East Rentrevehire US Giffrock - Home	86	1						
17-Aug-16		_		Home - East Rentravahire UE - Home	71							
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				TOTALS	320							222
FMDI DWEE					330	0	0					0.00

SCOTLAND

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED CLAIM FOR THE MONTH OF Sep-16 EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS) VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance) HOME ADDRESS EXCESS RETURN MILEAGE / COST \* FOR HOME TO BASE — FUEL TYPE NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED DESIGNATION CO2 EMISSIONS LEVEL BASE TOTAL MILES / COST \* CLAIMED (A x B) SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

PERMANENT WO	ORKPLAC	E MILE	s _			MAKE AND MO	DEL					
CAR CHANGED	SINCE LA	STCL	JM? YES	NO. R-	YES' PLEASE AT	TACH A COPY OF	YOUR INSURAL	NCE POLICY			DATE OF CHANGE?	1
	2 5			DETAILS OF JOURNEY			EAGE				EXPENSES	
DATE	REASON FOR JOURNEY	START AT HOME	DOUBNE DO AT HOME	(PICLUDING NAMES OF PASSENDERS)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	DEPARTURE	E OF	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
14	[7]	(3)	(4)	OR DESCRIPTION OF CLAM (5)	FI	n	PI	[P)	[10]	[11]	[12]	( p
02-Sep-16	8	_ 3		Home - Glasgow LIB Albion St - Homa		,						
06-Sep				Home - NHSGGC Board Seminar JSRossell House - Home								
07-Sep				Home - NHSGOC Induction JSRussell House - Home								
21-Sep				Home - Glangow Lift Board - Home								
			diam.									
27-Sep				Home - NHSGGC Audit Com JBRussell House				-	-			
28-Sep				Home - Glasgow LIB Dev Session Albion St - Home					-			
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EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS)

JOHN MATTHEWS

CLAIM FOR THE MONTH OF

**EMPLOYER** 

## TRAVEL & ASSOCIATED EXPENSES CLAIM FORM FOR AFC RULES 1ST JULY 2013

NHS GREATER GLASGOW AND CLYDE

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED) EXCESS TRAVEL (See Guidance)

EMPLOTER

NITS GREATER GLASGOW AND CLTDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR

DRIVERS OR HIMAD STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE PETURNED AND PAYMENT DELAYED

SCOTLAND

HOME ADDRESS			ENGINE SIZE					EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE —	(A)
DESIGNATION	NON EXECUTIVE MEMBER		FUEL TYPE CO2 EMISSIONS	LEVEL				NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	(8)
BASE SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	Completion mandatory if any mileage is being claimed.	1	MOT EXPRY DAT					TOTAL MILES / COST * CLAIMED	(A x E
CAR CHANGED SINCE LAST CLAIM	PYTE NO' BYTE	ES' PLEASE AT	TACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE?	<del></del>
REAGON TO POST TOWN A TOWN A T	DETAILS OF JOURNALY  Q D (NOLLONG NAMES OF PASSENGERS)  G OR DESCRIPTION OF CLAIM  (4)	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MLEAGE	OFFICIAL USE ORLY	TIN	E OF	EXPENSES  DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
4/10/10	Home - JB RUSSELL HOUSE	84	т		(e)	4/1	34/	/6	[13]
5/10	HOME - EAST RENGREWSHIRE LIB ENEMGREWSHIRE - JB RUSSELL HUS HOME AHR	46				5](t	5/1	ο	
18/10						101			
2110	Home- TBRUSGEL House-House					18/1		,	
2/10	18 Russeu House - QUEENTS CROSE Housing - House	10				Zifi	1/21	//0	
25/10	HOUE-JB Russelle HOUSE-How	80				25/	s 25	iko	
3110	Home- hurshow IIR-Home	86				31/1	031	/10	
thi	(BOARD AWAY DAY) - HOME	J(G				ifii	2/1	1	
	TOTALS	634							

# Ally / Monthly Pay Group Pay Paid Divesion Code Point

## TRAVEL & ASSOCIATED EXPENSES CLAIM FORM FOR AFC RULES 1ST JULY 2013

NHS

EMPLOYER NHS GREATER GLASGOW AND CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES, FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HMAD STAFF) ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

**SCOTLAND** 

CLAIM FOR THE MONTH OF NOU Zolle EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS) MATTHEWS HOME ADDRESS BOARD MEMBER DESIGNATION BASE SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

F YES PLEA	SE ATTACH A COPY OF YOUR INSURANCE POLICY	DATE OF CHANGE?	1
	MAKE AND MODEL		
	MOT EXPRY DATE	TOTAL MILES / COST * CLAIMED	(A = 8
	COZ EMISSIONS LEVEL		
	FUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	(B)
	ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	(A)
	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANG	E OF BASE
	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guida	nce)

AR CHANGED SINCE LAST CLAIM?	EZVHO. L. A.	S' PLEASE ATT	YOUR INSURANCE	E POLICY	DATE OF CHANGE?				
	DETAILS OF JOURNEY		MILE	AGE		EXPENSES			
PEASON FOR LOURIET AT HOME A JOURNET AT HOME AT HO	(INCLUDING NAMES OF PASSENGERS)	FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	TIMI DEPARTURE	E OF RETURN	DETALS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED
11 (2) (3) (9)	OR DESCRIPTION OF CLAIM (5)	[6]	[7]	Pq	[9)	[10]	(11)	(12)	(ta)
11/4	Home - QEUH	37							
	HOME - GEUH GEUH - JBMISSELL HOUSE	6							
	IR Russel House-Home	42							
4/11	HONE - TBRUSSELL HOUSE								
	IBRUSELL HUDSE - HOME	84							
11/11	JBRUSSELL HOUSE - HOME	84							
23/11	HOUSE - EAST REYS IJB BAKHEAD BARHEAL - TRRUSSELL HUUSE	31							
	RAPHEN - TRELICETY HUNG	12							
	JBRH - Home	42							
	JANA - HOLLE	, ,							
28/11	Home - StoBithe								
	SBBHILL- Home	88				-			
						-	-		
		-	-						
						-	-		
		10							
	TOTALS	42	4 .	0					0.00

NHS

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR

DRIVERS OR HM&D STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

SCOTLAND

\_ (B)

Nu 14 2 12 12	ETION OF THIS FORM PLEASE REFER TO IT HE GUIDANCE NOTES. FORM MUST <u>NOT</u> BE COMPLETED BY L DRIVERS OR HIMSO STAFF) L. SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED		SCOTLANI
EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK C		EXCESS TRAVEL (See C	Guidance)
NAME (as per current payally)	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * C	CHANGE OF BASE
HOME ADDRESS		EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE	
	FUEL TYPE	NO OF DAYS / OCCASIONS	q
DESIGNATION NON EXECUTIVE	COS EMISSIONS LEVEL	TRAVELLED / CLAIMED	
BASE		TOTAL MILES / COST * CLAIMED	
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	MAKE AND MODEL		

PERMANENT WORKPLACE M	HLES			MAKE AND MOD	XEL					
AR CHANGED SINCE LAST (	CLAIM? YES! NO	o· #Y	ES' PLEASE AT	TACH A COPY OF	YOUR INSURANCE	CE POLICY	31		DATE OF CHANGE?	1
Say 54	W & = W	DETALS OF JOURNEY		MILE	AGE		=		EXPENSES .	
PEACON FOR JOURNAL STANFOLD	POUR POUR HOM	(NCLIONS HAVES OF PASSENCERS)  OR DESCRIPTION OF CLAM  (5)	JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	TME DEPARTURE		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAM
5/12	9 (9)	tome - StENECH'S SQ	PI			(P)	(10)	[tt]	[12]	(to)
100		TOME - STENCETT SO								
	+	ESSENTAL SKILL FOR BOARD MEAN,	80							
10	l l	torné - JBRUSSER House-								
,	4-4-	MANYHILL HEATTH	90							
21	1	<u>*</u>								
8/12		Home - LIGHTBURN HOSP	88							
		· ·								
9/12		Home-GLAShow IJB	86							
		ALBION ST								
13/12		Home - JB Russeze House	84							
1		ESARCH AUSIT COM.								
										<del>  </del>
19/12	1 1	tome - JB Russell House	84							
'1'		REMONERATION Con.								
20/12	l	tome - Won QUARRIEN LINT	86							
		GOVAN BOARS								Superior 25
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	<u> </u>	TOTALS	598	-						
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## Part Division Code Point

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES

## TRAVEL & ASSOCIATED EXPENSES CLAIM FORM FOR AFC RULES 1ST JULY 2013

NHS SCOTLAND

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

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ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED CLAIM FOR THE MONTH OF LOW WYZO 17 ALL SHADED
EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS) MATT HOME ADDRESS NON EXECUTIVE AMECTER DESIGNATION BASE

VEHICLE DETAILS (WHERE MILEAGE BEIN	NG CLAIMED) EXCESS TRAVEL (See Guidance)	_
CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE	
ENGINE SIZE	EXCESS RETURN MILEAGE / COST* FOR HOME TO BASE	)
PUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	)
CO2 EMISSIONS LEVEL	1-58	
MOT EXPRY DATE	TOTAL MILES / COST*	×
MAKE AND MODEL		
		_

CAR CHANGED	SINCE LAST CLAIM? YES	uno- Fre	S' PLEASE AT	TACH A COPY OF	YOUR INSURANCE	E POLICY			DATE OF CHANGE?	1
		DETALS OF JOURNEY		MILE	AGE				EXPENSES	
	REASON FOR JOURNEY STARTAT HOME JOURNEY END AT HOME	(INCLUDING HAMES OF PASSENGERS) OR DESCRIPTION OF CLAM	FULL JOURNEY MLEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	DEPARTURE		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAMED  E p [13]
in li	[7] (7) (4)	HOME - GLASGOU IJA (AZBIONS SI) HOME ->		р		P)	Lick	[11]	[12]	(1.4)
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ASSESSION OF THE PARTY OF THE P		Home ->	81							
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		(ALBION ST)	Cal							
		Home -	81			-				
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23/		HOWE - ErST RENGREW SHIRE (EASTWOODS HEALTH CUT HOME ->								
<u>`</u>		LAST WOODS HEALTH CAS	76							
		Home -	16							
25/		HOME - JBRUSEL HOUSE	84							
		Home - 7		-				-		
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Paid	Division	Code	Point	(8 characters)
Monthly				

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

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**SCOTLAND** 

EMPLOYEE DETAILS (Completion of these fields are mandatory, Please use BLOCK CAPITALS)	VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED	EXCESS TRAVEL (See Guidance)
NAME (un per current payalip) SOHN IMATTHEWS	CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT * CHANGE OF BASE
HOME ADDRESS	ENGINE SIZE	EXCESS RETURN MILEAGE / (A)
;-	FUEL TYPE	NO OF DAYS / OCCASIONS (B)
DESIGNATION	CO2 EMSSIONS LEVEL	TRAVELLED / CLAIMED (5)
BASE	MOT EXPERT CATE	TOTAL MILES / COST . (A 1 E
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES	MAKE AND MODEL	
CAR CHANGED SINCE LAST CLAIM? YESI NO.	IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY	DAYLOR BURNESS

CAR CHANGED	SINCE L	AST CL	AIM? Y	syno*	ES' PLEASE AT	TACH A COPY OF	VOLID INSURAN	CE BOX NOV			DATE OF CHANGE? /	
	2 5	_	1		ES PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY							
DATE	REASON TOR JOURNEY STANTAT HOME JOURNEY ENDAT			(PICLUDING HAMES OF PASSENGERS)		CALL-OUT OVERTIME PASSENDER AND RESERVE MLEAGE		OFFICIAL USE ONLY	TIME OF		DETALS OF SUBSITENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAME
79-	[2]	(3)	(4)	OR DESCRIPTION OF CLAM	MLEAGE	RATE MLEAGE	[6]	P)	DEPARTURE [10]	RETURN [11]	112	E p
114		_		HOME - JB CUSSEN HOUSE								
' (				HOME - JR CUSSEN HOUSE 46C SEMINAR-HOME	84							
1		_		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
4/3	_			HOME - EAST RENFREWSHIM	\$							
-				IJB (CLANKSTON HOME FINANCE & PLANNIG COM JBRUGSEN HOUSE-HOME	76							
				FINANCE & PLANNIG COU								
	_		-	JE Rugsell House-Home	15							
5/2	1000			Have Track Ita								
1				HOME - CLASLOW ITB (ALBROX St) - HOME	01							
L				(MUSION ST) - HOME	81							
21/	7			HOME - GGC BOARD/www								
1				QUARREN CENTRE	86							
-					86							
2/2				HOUSE IB RUSSEU HOUSE					-			
				PUBLIC HEATH COM - HOME	84							
21	-			11								
1/7	-	+		HOUNE-DEUH EMO Annuel REPORT - HOME	00							
-				Annuel REPORT - HOME	82							
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				TOTALS	200							
PLOYEE CE	ERTIFIC	ATION			0	0	0	and the		1000	The state of the s	0.00

**SCOTLAND** 

EMPLOYER

NHS GREATER GLASGOW AND CLYDE

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES, FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF)

ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

CLAIM FOR THE MONTH OF	MARCH	2017	DRIVERS ALL SHADED AREAS MUST BE COMPLETED O
EMPLOYEE DETAILS (Compl			e use BLOCK CAPITALS )
NAME (as per current payslip)	total	MATTHG	MS
HOME ADDRESS	_		
DESIGNATION		•	•
BASE			
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES			

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)	EXCESS TRAVEL (See Guidance)						
CAR REGISTRATION NUMBER	TEMPORARY / PERMANENT	CHANGE OF BASE					
ENGINE SIZE	EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE		(4				
TUEL TYPE	NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED		(B)				
COZ EMSSIONS LEVEL							
MOT EXPIRY DATE	TOTAL MILES / COST *		(A				
MAKE AND MODEL							

PENMINENT WORD DOC MILES	J	MAKE AND MOD	XEL					
CAR CHANGED SINCE LAST CLAIM? YES/NO*	IF YES' PLEASE ATT	ACH A COPY OF	YOUR INSURAN	CE POLICY			DATE OF CHANGE?	1
DETALS OF JOURNAL			MILEAGE				EXPENSES	
DATE 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MLEAGE	PASSENGER MLEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETALS OF SUBSISTENCE OR OTHER EXPENSES CLAMED	AMOUNT CLAM  £  [13]
3/3 Home - NON EXE	CLONGGREARE	14		P)	[10]	[11]	[12]	[13]
@ CROSSHOUSE !	tosp 34							
6/3 Home Acute HEARTH Implo	VELLETUP							
TBRUSSEU How	se-Home 84							
7/3 Home-SEMINAN	JB Russerells 84							
Home								
14/3 Home - JBhuss	en Hare							
(Aubit Commi								
15/2 Home-GLAGA	ow it is							
(ALBION St)								
16/3 HOME - CONFERE	KLE PANISCON							
	CE FORUM.							
HEALTHEN futu	RE FORUM.							
22/3 Home - Pursue	Enhauement 40				_			
COMMITTER / ALBI JBRUSSEN AVORE MOSTING LINDA A	OUM C HEMN				-	-		
MEETING LINDA a	RCAL SEKEL							
HOME	40							
29/3 Hong - Emr a	EWS IJB							
19/3 FLONG - EVAT B AUSIT + BORNS HESTH SCOTLAM	(BANGHEAD) 31							
HEALTH SCOTLAM	10 (MEETHY) 14							
Home	42							
TOTALS	614		۵,					
EMPLOYEE CERTIFICATION	0	0	0					0.00