

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



EMPLOYER: **NHS GREATER GLASGOW AND CLYDE**
COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES. FORM MUST NOT BE COMPLETED BY LEASED CAR DRIVERS OR HM&D STAFF

CLAIM FOR THE MONTH OF **JUNE 2018**

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

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current payroll): **JOHN MATTHEWS**
HOME ADDRESS: [REDACTED]
DESIGNATION: **NON EXECUTIVE**
BASE: _____
SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: _____
Completion mandatory if any mileage is being claimed.

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]
ENGINE SIZE: _____
FUEL TYPE: _____
CO2 EMISSIONS LEVEL: _____
MOT EXPIRY DATE: _____
MAKE AND MODEL: _____

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE: _____
EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE: _____ (A)
NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: _____ (B)
TOTAL MILES / COST * CLAIMED: _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO*

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR TRAVEL	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
5/6				HOME - IBS RUSSELL HOUSE GGL FINANCE + PLANNING COMMITTEE - HOME	84							
6/6				HOME - CITY CHAMBERS MEETING LEADER OF GLASGOW CITY COUNCIL HOME	80						PARKING 6-50	
7/6				HOME - GLAS Royal Infirmary VISIT WARD 18/19 HOME	82							
11/6				HOME - ASH LAUNZHO REUH GOVAN - HOME	86							
13/6				HOME - IBS RUSSELL HOUSE AUDIT + RISK COM - HOME	84							
19/6				HOME - GLASGOW CITY CENTRE - (MEETING CHAPLAIN GRI) - HOME	80						PARKING £7.50	
20/6				HOME - GLASGOW IJB ALBION ST - HOME BOARD GLAS CENTRE FOR PUB HEALTH BRINGETON - HOME	80						PARKING £8.00	
26/6				HOME - GGL BOARD Wm BAIRD COM CENTRE GOVAN - HOME	86							
TOTALS					662						£22.00	

Completion of these boxes is mandatory

Weekly / Monthly Part	Pay Period	Pay Date	Pay Amount
Monthly			

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



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)

CLAIM FOR THE MONTH OF **JULY 2018**

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

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current payslip) **JOHN MATTHEW**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE DIRECTOR**

BASE [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

IF YES: PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
3/7				HOME CCG SEMINAR JB RUSSELL HOUSE - HOME	84								
10/7				HOME - REMUNERATION COMMITTEE JB RUSSELL HOUSE HOME	84								
25/7				HOME - MEET RAN COWAN CARNAVAL HOOP STAFF RM PUBLIC HEALTH COMMITTEE JB RUSSELL HOUSE	84								
TOTALS					252	0	0	0				0.00	

EMPLOYEE CERTIFICATION

CERTIFYING OFFICER'S AUTHORITY

Completion of these boxes is mandatory

Weekly / Monthly Paid	File Number	Employer Code	File Number	File Number
Monthly				

Please refer to your current payslip

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



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)

CLAIM FOR THE MONTH OF **AUGUST 2018**

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

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current payslip) **JOHN MATTHEWS**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE DIRECTOR**

BASE [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A * B)

CAR CHANGED SINCE LAST CLAIM? YES/NO*

IF YES: PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAME(S) OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
					FULL JOURNEY MILEAGE	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
7/8				HOME - JB RUSSELL HOUSE (GIC FINANCE + PLANNING COMMITTEE) HOME	84							
13/8				HOME - IJB ALBION ST (PUBLIC EST COM) HOME	80							
14/8				HOME - GLASGOW IJB LIGHTHOUSE (DEVELOPMENT SESSION) - HOME	80							
15/8				HOME - EAST RENF IJB (BARHEAD) BOARD HOME	66							
21/8				HOME - Wm BAIRD COM CENTRE GOUAN GIC BOARD HOME	86							
29/8				HOME - GWS IJB PUBLIC ENVY COMMITTEE EASTBANK CONF TRAINING CENTRE SKETLESTON - HOME	90							
TOTALS					486	0	0	0				0.00

Completion of these boxes is mandatory

Agency, Monthly Date	Pay Period	Pay Date	Pay Number
Monthly			

Please refer to your current payroll

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



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)

CLAIM FOR THE MONTH OF **Nov 2018**

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

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME as per current payroll: **JOHN MATTHEWS**

HOME ADDRESS: [REDACTED]

DESIGNATION: **NON EXECUTIVE**

BASE: **J BR HOUSE**
Completion mandatory if any mileage is being claimed

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: [REDACTED]

FUEL TYPE: [REDACTED]

CO2 EMISSIONS LEVEL: [REDACTED]

MOT EXPIRY DATE: [REDACTED]

MAKE AND MODEL: [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT: [REDACTED]

EXCESS RETURN MILEAGE COST * FOR HOME TO BAS: [REDACTED]

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: [REDACTED]

TOTAL MILES / COST * CLAIMED: [REDACTED]

CAR CHANGED SINCE LAST CLAIM? YES/NO * IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? / /

DATE	MILEAGE JOURNEY	JOURNEY START AT HOME END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES	
				FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
5/11			HOME - RADISSON HOTEL (CHAIRMAN'S AWARDS) HOME	82							
6/11			HOME - HIGH ST GLASGOW MT GLASGOW LIFE BRANCH McCONNELL - HOME	84							
7/11			HOME - GLASGOW IJB LIGHTHOUSE BUCHANAN ST DEV HOMELESSNESS - HOME	80							
8/11			HOME - GOLDEN JUBILEE (GGL CONFERENCE) HOME	98							
13/11			HOME - ALBION ST (PRE AGENDA: IJB PUB ENGAGEMENT) COM - HOME	80							
14/11			HOME - CITY CHAMBERS (PRE AGENDA SUMMIT) HOME	80							
16/11			HOME - CITY CHAMBERS (MT DUNCAN BOOKER) HOME	80							
23/11			HOME - REMUNERATION COM IJB HOUSE - HOME	84							
28/11			HOME - TORY GLEN GLASGOW IJB PUB ENG COM - HOME	88							
TOTALS				756							



Completion of these boxes is mandatory

Month	Year	Day	Time
Monthly			

Please refer to your current payroll

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



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)

CLAIM FOR THE MONTH OF **DECEMBER 2013** ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME: **JOHN MATTHEWS**

HOME ADDRESS: [REDACTED]

DESIGNATION: **NON EXECUTIVE DIRECTOR**

BASE: [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES: [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER: [REDACTED]

ENGINE SIZE: [REDACTED]

FUEL TYPE: [REDACTED]

CO2 EMISSIONS LEVEL: [REDACTED]

MOT EXPIRY DATE: [REDACTED]

MAKE AND MODEL: [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT: [REDACTED]

EXCESS RETURN MILEAGE / COST* FOR HOME TO BASE: [REDACTED]

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED: [REDACTED]

TOTAL MILES / COST* CLAIMED: [REDACTED]

CAR CHANGED SINCE LAST CLAIM? YES/NO: / IF YES PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY: / DATE OF CHANGE? / /

DATE	REASON FOR CLAIM	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE (6)	CALL-OUT OVERTIME AND RESERVE RATE MILEAGE (7)	PASSENGER MILEAGE (8)	OFFICIAL USE ONLY (9)	DEPARTURE (10)	RETURN (11)		£	p
3/12				HOME - PRE AGENDA PUB ENG COM GLASGOW 15B ALBION ST GLASGOW POP HEALTH BRIDGETON - HOME	86								
4/12				HOME - FINANCE & PLANNING COMMITTEE - HOME	84								
11/12				HOME - AUDIT & RISK COM HOME	84								
12/12				HOME - GLASGOW 15B ALBION ST - HOME	80								
17/12				HOME - GYDE GATEWAY PRESENTATION AWARDS GRI NEW LISTEN BUS - HOME	82						PARKING GRI	3.70	
18/12				HOME - GGL BOARD WIM SAIRD COM CENTRE - HOME	84								
19/12				HOME MEET COUNCILOR GEO REDMOND BYERS RD PRE AGENDA PUBLIC HEALTH JBHUSSEN	86								
TOTALS					586							3.70	3.70

EMPLOYEE CERTIFICATION: [REDACTED] 0.00

Completion of these boxes is mandatory				
Week A Month Part	Pay Class	Grade Code	Pay Point	Pay Number (if applicable)
Monthly				

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



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)

CLAIM FOR THE MONTH OF **JAN 2019**

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

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current payroll) **DAVID MITCHELL**

HOME ADDRESS [REDACTED]

DESIGNATION **NON EXECUTIVE DIRECTOR**

BASE [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO*

IF YES PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN		£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
9th JAN '19				HOME - JB RUSSELL HOUSE (MEETING CHAIRMAN) Home	84								
10/1/19				HOME - SCOTT M'CRESKIE (EDINBURGH) CITY CENTRE PUBLIC HEALTH - HOME	82						PARKING 45 =		
22/1/19				HOME - JB RUSSELL HOUSE (GLC SEMINAR) Home	84								
28/1/19				HOME - CITY CHAMBERS (PUBLIC HEALTH SUMMIT) Home	82								
29/1/19				HOME - CITY CENTRE (KEITH ANDERSON CEO SCOTTISH POWER) PUBLIC HEALTH HOME	82								
30/1/19				HOME - EAST REF 113 EASTWOOD - (BOARDS MEETING)	66								
<u>480</u>													
<u>485</u>													5.00
TOTALS					0	0	0						0.00

Completion of these boxes is mandatory

Weekly / Monthly / Paid	Pay Period	Pay Code	Pay Point	Pay Number (if applicable)
Monthly				

Please refer to your current payslip

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



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)

CLAIM FOR THE MONTH OF MARCH 2019 ALL SHADED AREAS MUST BE COMPLETED OR CLAIM FORM MAY BE RETURNED AND PAYMENT DELAYED

EMPLOYEE DETAILS (Completion of these fields are mandatory. Please use BLOCK CAPITALS)

NAME (as per current payslip) JOHN MATTHEWS

HOME ADDRESS [REDACTED]

DESIGNATION NON EXECUTIVE DIRECTOR

BASE [REDACTED]

SINGLE DISTANCE FROM HOME TO PERMANENT WORKPLACE MILES [REDACTED]

VEHICLE DETAILS (WHERE MILEAGE BEING CLAIMED)

CAR REGISTRATION NUMBER [REDACTED]

ENGINE SIZE [REDACTED]

FUEL TYPE [REDACTED]

CO2 EMISSIONS LEVEL [REDACTED]

MOT EXPIRY DATE [REDACTED]

MAKE AND MODEL [REDACTED]

EXCESS TRAVEL (See Guidance)

TEMPORARY / PERMANENT * CHANGE OF BASE

EXCESS RETURN MILEAGE / COST * FOR HOME TO BASE _____ (A)

NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED _____ (B)

TOTAL MILES / COST * CLAIMED _____ (A x B)

CAR CHANGED SINCE LAST CLAIM? YES/NO *

IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY

DATE OF CHANGE? / /

DATE	REASON FOR JOURNEY	JOURNEY START AT HOME	JOURNEY END AT HOME	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE				TIME OF		EXPENSES		AMOUNT CLAIMED	
					FULL JOURNEY MILEAGE	CALL OUT OVERTIME AND RESERVE RATE MILEAGE	PASSENGER MILEAGE	OFFICIAL USE ONLY	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	£	p	£
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
4/3/19				HOME - JB RUSSELL (CAROL TANNATHIL & MOIRA FISHBACHEN SMITH GCPH) - HOME	84									
5/3				HOME - (GGL SEMINAR) JB RUSSELL - HOME	84									
12/3				HOME - JB RUSSELL (PRE AGENDA PUBLIC HEALTH) HOME	84									
13/3				HOME - CITY CHAMBERS (BERNADETTE MONAGHAN) HOME	86									
18/3				HOME - (BOARD GCPH) OLIMPIA HOUSE BRIDGETON HOME	82									
20/3				HOME - EAST ROOF 15B BARLHEAD - HOME (JILL MORIE GCPH BRIDGETON)	15								4.00	
21/3				HOME - JB RUSSELL (HARRIMAN: CANCER CHARITIES) HOME									5.00	
29/3				FIONA MOSS - LORD PILLOWEST CITY CHAMBERS									3.80	
				HOME - CITY CHAMBERS (KIRSTY MACALPINE)	86							COFFEE	5.50	
													18.30	
													539.30	
TOTALS					0	0	0						0.00	