

NAME

Your address:

Surgery Address:

EXPENSES

Please complete with dates and amount of expenditure and attach receipts if possible. If in doubt, *include* rather than *omit*. Include as much reasonable detail as possible.

COURSE COSTS

State location and approximate duration.

MILEAGE

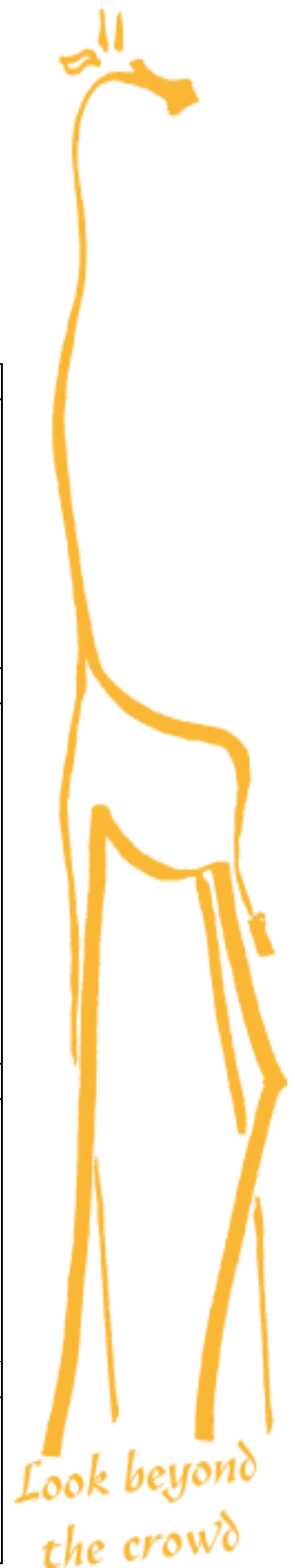
State business miles travelled. Please note your journeys to and from work are not deductible. Include mileage to courses, exhibitions, between-surgery travel, domiciliaries, emergency or locum work.

TRAVEL AND ACCOMODATION (Non- mileage)

(For courses, exhibitions, locum work or any other clinical or business activities)
- cross reference to courses above if appropriate.

MATERIALS

(Materials or laboratory work not paid through practice.)



Minford

Chartered Accountants

UNIFORMS
(including protective eyewear)
HYGIENIC CLEANING AND LAUNDRY
(Details of service provided by Principal, if any)
EQUIPMENT
(Any equipment provided by you – hand tools, clinical equipment, computer, etc)
MOBILE PHONE COSTS
INTERNET CONNECTION
SUBSCRIPTIONS
E.g. BDA, GDC
PROFESSIONAL INDEMNITY INSURANCE
BOOKS AND JOURNALS
ANY OTHER EXPENSES INCURRED
(ANYTHING else you feel you may have spent in the furtherance of your clinical duties)



Note: There are other round sundries which we will automatically consider.