

Freedom of Information Act 2000 disclosure log entry

Reference

18-19006

Date sent

25/05/2018

Subject

Executive Directors' Expenses

Details of enquiry

1. Please provide statements for all purchase cards, 'p-cards', or any other credit or debit cards paid out using public funds, used by or for executive directors for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.
2. Please also provide details of all spending by executive directors using their own money which is then then claimed back from public funds for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.
3. Please also provide details of all spending on behalf of that individual, by the trust, for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.
4. Such purchases might include, but are not restricted to, costs associated with private car use (eg mileage, care hire costs); public travel (e.g. train, bus, air fares); subsistence, (e.g. meals whilst away from normal place of work and hotel costs); spending on properties including purchase costs, rent, upkeep and refurbishment costs.

I recognise that this may overlap with material that you publish online but please note that I am asking for a level of detail which goes beyond this, so there is no argument that the material is already publicly accessible. Please provide the above information for all executive directors for this time period. If this exceeds the cost limit under section 12 of the Freedom of Information Act, please could you provide this information for as many executive directors as possible before the cost limit is reached, in this order of preference:

Chief Executive

- Deputy Chief Executive
- Chief Finance Officer
- Chief Operating Officer
- Medical Director
- Commercial Development Director
- Business Development Director
- Strategic Director
- Chief Nursing Officer
- Director of Development
- Director of HR
- Director of Communications
- And then all other Executive Directors.

Again, please note that if it is possible within financial constraints, I would like the details for all executive directors - so the above list should not be necessary.

If more than one person has held a post during this time, please provide the information for both of those people.

Response Sent

1. I have attached to this email [appended to the following pages]:
 - A Summary of all Executive Directors expenses for the financial years 2015-16 and 2016-17 –
 - Scanned copies of all Executive Directors expenses receipts since August 2016 onwards (attached as 5 separate pdf documents)
2. The Trust does not hold copies of expenses receipts prior to August 2016. These were processed off-site by a third part which no longer provides this service. We are therefore unable to provide expenses receipts prior to August 2016.

*Paym A-Sup
 2016*

Title: [REDACTED]
 Surname: [REDACTED]
 Forename(s): [REDACTED]
 Home Address: [REDACTED]

Assignment No:
 HQ/Hosp:
 Grade:
 Security: 66623384

Make:
 Model:
 CC:
 Reg. No:
 Veh. Type:

Details of Journey(s) and/or Expenses			Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowances or other expenses claimed		Amount
Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart hr:mm (optional)	Time Return hr:mm (optional)	
22/08/16		Drinks for [REDACTED] leaving party									£221.53
TOTALS:											£221.53

Month Paid:
 Payments Clerk:

Date: 22-Aug-16

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.



Aug 2016

to return to payroll

Title: [Redacted]
Surname: [Redacted]
Forename(s): [Redacted]
Home Address: [Redacted]

Assignment No: **25780902**
HC/HOSP Grade: [Redacted]
Security: **66620384**
Make: [Redacted]
Model: [Redacted]
CC: [Redacted]
Reg. No: [Redacted]
Veh. Type: [Redacted]

Summary of Claim	Claimed Mileage	Passenger Miles	Parking Fees	Bus/Tran Fares	Subsistence, Expenses
					£221.53

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

- Section One**
- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
 - (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
 - (c) That a public service was not available or was not suitable except for those journeys so indicated.
 - (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party Insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
 - (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

- With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.
- (a) I gave advice on the handling of the emergency before starting the journey.
 - (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
 - (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:
Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

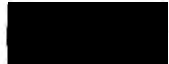
Employee's Signature: Date: **22-8-16** Contact Number: [Redacted]
 Manager's Signature: Date: **22-8-16** Contact Number: [Redacted]
 Manager's Name printed (new requirement) [Redacted]

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
 Finance Dept, Tavistock Centre, 120 Belisize Lane, NW3 5BA



Search

Search with a list of items



thank you for shopping with Tesco.

Your order number is: 320492090

For collection on: Thursday 25th August between 8am and 10am



Don't forget...

you can make changes to your order after you've checked out, up until 11.45pm the night before delivery

Order Confirmation

[Save this order to a Shopping List](#)

[Print my order](#)

Your chosen collection point is:

Collect - WATFORD EXTRA

WATFORD EXTRA
239-241 HIGH STREET
Watford
Hertfordshire
WD17 2BD

Your groceries will be packed with bags.

Please note:

- You will need to bring your order number, credit card or photo ID to the collection point
- If you are collecting on behalf of someone else, you will need their order number
- Separate proof of age may also be required if your order contains age-restricted products such as alcohol, tobacco, DVDs, knives or solvents

Your contact details:

Telephone number: 0192 3827014
Alternative telephone number: 0797 6285483
Mobile numbers: 07976285483

You can amend any order via My Orders where you can change quantities, remove items, make notes to your picker or change your collection slot.

You can amend this order until 23:46 on Wednesday 24th August.

Order summary:

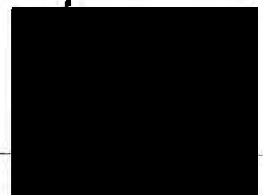
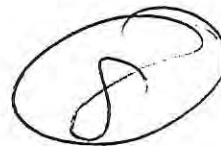
Multibuy savings:	£60.00
Your Guide price:	£221.13
Service charge:	£0.00
Bag Charge	£0.40
Subtotal:	£221.53

Payment summary:

Total to pay: £221.53

Clubcard points:

Clubcard points:	221
Promotional Clubcard points:	0
Total Clubcard points:	221



Your order items

[View all 19 items](#)

[Return to shopping](#)

[Print my order](#)

*Prof - 2016
2016*

*To scan to paymaster
(192)*

Title: [Redacted]
Surname: [Redacted]
Forename(s): [Redacted]
Home Address: [Redacted]

Assignment No: 24387392
HQ/HOSP: [Redacted]
Grade: [Redacted]
Security: 63868500

Make: [Redacted]
Model: [Redacted]
CC: [Redacted]
Reg. No: [Redacted]
Veh. Type: [Redacted]

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
				£250.00

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

Section One (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.

- (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
- (c) That a public service was not available or was not suitable except for those journeys so indicated.
- (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
- (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.

- (a) I gave advice on the handling of the emergency before starting the journey.
- (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
- (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: [Redacted]

Date: 21/1/2016 Contact Number: 2406

Manager's Signature: [Redacted]

Date: 23/1/2016 Contact Number: 2406

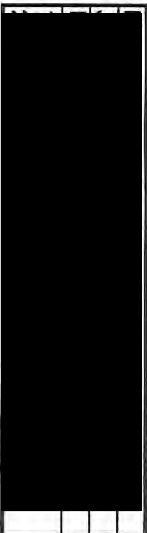
Manager's Name printed (new requirement) [Redacted]

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belsize Lane, NW3 5BA

16

12

Title:
Surname:
Forename(s):
Home Address:



Assignment No: 24387392
HQ/Hosp:
Grade:
Security: 63868600

Make:
Model:
CC:
Reg.No:
Veh. Type:

Date		Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		Amount
Official Mileage	Mileage Actually Traveled	Parking Fees	Bus/Train Fares	Time Depart h:m (optional)	Time Return h:m (optional)							
08-07-16			Cab fare station to AW Partnership									£6.00
08-07-16			Cab fare AW Partnership to station									£4.80
19-07-16			Dinner with CEOs									£191.80
28-07-16			Train fare Coventry to London (CQC Inspection)									£47.40
TOTALS:												£250.00

Month Paid
Payments Clerk

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date: 28-Jul-16



 From COVENTRY *

 To LONDON TERNINALS

 Ticket type STD OFF-PEAK S

 Start Date 28-JLY-16

 Valid until 28-JLY-16

 Route ANY PERMITTED

 Price £47.40X

 Validity ON DATE SHOWN 2C

 Adult ONE

 Child NIL

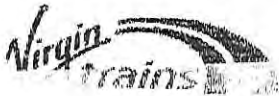
 SGL

 Number 72338

 4463167289

 Printed 11:42 on 28-JLY-16

SINGLE



VIRGIN TRAINS

 RECEIPT

Payment Method: X

 AMOUNT: £47.40

 Description: I RAIL TICKET 72338

 Issuing Office: COVENTRY

 Issuing NLC: 1672

 Machine Number: 4463

 Window Number: 89

 Transaction No.: 72338

 28 JULY 16 11:41

VAT Registration No. 672-8590-94

 Printed 11:42 on 28-JLY-16

IL FORNELLO

 LONDON

 M: ***38961

 TID: ***0047

 SCH ID: 926201648612687X

 K5

 S3199

 HANDSET: 1

VISA DEBIT

 AID: A0000000031010

 VISA DEBIT

 *****510

 PAN SEQ NO. 00

 ICC

 SALE AMOUNT £174.35

 GRATUITY £17.45

 TOTAL £191.80

PIN VERIFIED

 Thank You

 19/07/16 21:23

 AUTH CODE: 191103

 TXN 3088

 DIAG 1515

CUSTOMER COPY

 PLEASE RETAIN RECEIPT



il Fornello

150 Southampton Row

 London WC1B 5AL

 Tel: 0207 837 4584/5837

 VAT No 795 6108 92

Date 19.07.16

RECEIPT

 £ P

RECEIPT	£	P
6 meals	191	80

P. Jenkins (12)		
SERVICE NOT INCLUDED		

Mr 480

 to

 Station

8-7-2016 LICENCE

 OMEGA N2330

 TAXIS

 CHIPPENHAM

 £6.00

 PJ

Aug - Sept 2016

13

Title: _____
Surname: _____
Forename(s): _____
Home Address: _____



Assignment No: **24387392**
HQ/HOSP: _____
Grade: _____
Security: **23918238**

Make: _____
Model: _____
CC: _____
Reg No: _____
Veh. Type: _____

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
				£93.70

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

Section One

- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
- (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
- (c) That a public service was not available or was not suitable except for those journeys so indicated.
- (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
- (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.

- (a) I gave advice on the handling of the emergency before starting the journey.
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Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
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- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

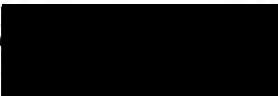
Please note that HM Revenue and Customs receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: _____ Date: **23/6/2016** Contact Number: **2406**

Manager's Signature: _____ Date: **23/8/2016** Contact Number: **2406**

Manager's Name printed (new requirement) _____

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belsize Lane, NW3 5BA



CARD SALE VOUCHER
CUSTOMER COPY

17-06 To 08-06
TERMINAL-USER-TRAN

XXXXXXXXXX-0001-1921

IBIS MANCHESTER CENTRE PRINCESS STREET
CHARLES STREET
MANCHESTER
M1 7BG

MERCHANT ID : 001028
XXXXXXXXXXXXXXXXXXXX
ICC

VISA DEBIT APSH-00
AID = 'XXXXXXXXXXXXX'
VISA DEBIT UK



SALE TOTAL

GBP64.00

PAUL JENKINS

PLEASE DEBIT MY ACCOUNT WITH THE
TOTAL AMOUNT IN GBP SHOWN.

PIN VERIFIED

PLEASE RETAIN THIS RECEIPT FOR YOUR
RECORDS.

SRD = 916 1693 9070 3664 X62M

AUTH CODE = 574815

Essex Taxi Programme Board



**COLCHESTER
HACKNEY CARRIAGE
ASSOCIATION**

Date: 4/3

Plate No:

Fare: 12.30

Essex Taxi Programme Board

Gatwick Heathrow

Stansted Best Price Promise

Any Distance Anywhere

Fully Itemized Business Accounts

Received With Thanks

Date: 4/3/16 The sum of £ 7.40

From: Essex To: [Signature]

PRINTED BY ARBOREAL PRINT GROUP 01708 733031

**CUSTOMER
RECEIPT**



CC
Coventry

DATE: 15/4/16 DRIVER NO: 31

FROM: [Signature] HOTEL

TO: [Signature] STATION

RECEIVED: £ 10.00 WITH THANKS

SIGNED: [Signature]

PRINTED BY ARBOREAL PRINT GROUP 01708 733031

*27/11/16
24/11/16
22/11/16
20/11/16
18/11/16*

Disc 16

*Disc 16
Pond
C17*

Title: _____
Surname: _____
Forename(s): _____
Home Address: _____

Assignment No: **11430078**
HQ/Hosp: _____
Grade: _____
Security: **3550183**

Make: _____
Model: _____
CC: _____
Reg: No: _____
Veh. Type: _____

Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:			Subsistence, incidental allowance or other expenses claimed		Amount
			Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	Time Return hh:mm (optional)		
14/11/16		Taxi from Manchester Picadilly to AJ Bell Stadium for i-Thrive event										£13.86
TOTALS:												£13.86

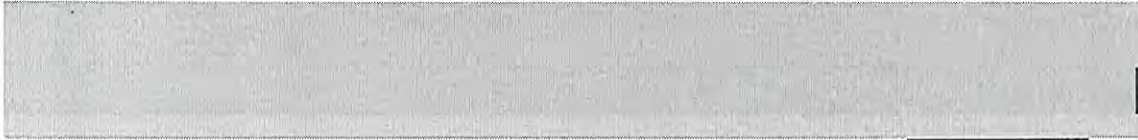
Month Paid _____
Payments Clerk _____

Date: **17-Nov-16**

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Sent from my iPhone

Begin forwarded message:



UBER

£13.86

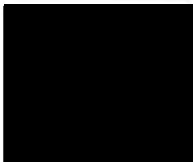
Thanks for choosing Uber, [REDACTED]

14 November 2016 | uberX



9:43 | Manchester M1, UK

10:03 | Stadium Way, Eccles, Manchester M30 7WH, UK



You rode with [REDACTED]

8.36

miles

00:20:00

Trip time

uberX

Car

E

Doc 16

Doc per [Signature] 24

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: 882-12774
 HQ/HOSP: [Redacted]
 Grade: [Redacted]
 Security: [Redacted]

Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Summary of Claim			
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares
		<u>21.60</u>	<u>40.50</u>
Subsistence Expenses			

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

- Section One**
- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
 - (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
 - (c) That a public service was not available or was not suitable except for those journeys so indicated.
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 - (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

- With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time:
- (a) I gave advice on the handling of the emergency before starting the journey.
 - (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
 - (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: Date: 29.11.16 Contact Number: [Redacted]

Manager's Signature: [Redacted] Date: 23/11/2016 Contact Number: [Redacted]

Manager's Name printed (new requirement) _____

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
 Finance Dept, Centre Heights

parking charges when there was no space in car park due to furniture.

From: enquiries@ringgo.com
 Subject: enquiries@ringgo.com
 Date: enquiries@ringgo.com
 To: enquiries@ringgo.com

We've attached your RingGo VAT receipt to this email.

To amend your VAT receipt settings, book parking online, change vehicles, payment cards and other settings, go to en.ringgo.com.

Online - PC and Mobile Internet

Did you know that at all RingGo sites, you can pay for and even extend your parking online? Bookmark the en.ringgo.com site now to your PC or mobile phone browser. If you're running late (and the place you are parking allows extensions) just extend your parking session online.

Mobile Apps

If you've got an iPhone, Android, Blackberry 10, Windows Phone or Firefox device, you can pay for RingGo with our mobile apps. Check out their benefits and download them [here](http://en.ringgo.com).

Park by Text

You can also reduce time and effort by parking by text message. For more details on how to use the simple wording, view our [FAQ](http://en.ringgo.com) in this page.

Kind Regards,

The RingGo Customer Care Team

For questions about your transaction, please visit www.ringgo.com/help to search our knowledge base. To adjust your notification settings login to your account at www.ringgo.com and choose Accounts > Settings.

[@RingGo](https://twitter.com/RingGo) [facebook.com/ringgo](https://www.facebook.com/ringgo)

In order to access the attachment, you will need a PDF viewing tool such as [Adobe Reader](http://adobe.com/acrobat/reader).

VAT RECEIPT



Date of issue: 29 Dec 2016
 Receipt number: CAMDEN-2016-09-29-04344

London Borough of Camden
 Town Hall
 Argyle Street
 London
 WC1H 8NS

Married Gardens (13741)

Vehicle Registration Number: [REDACTED]
 Customer ID: L1D10LB32K

Session Duration

29 Dec 2016 11:53 AM - 29 Dec 2016 4:53 PM
 4 hours

Quantity	Description	Cost	VAT rate	VAT net	Total
1	Parking Session	£7.00	0%	£0.00	£7.00
2	Total Messages	£0.17	20%	£0.04	£0.20
Sub Total		£7.17		£0.04	£7.20
Total					£7.20

24

No _____ Date 18-11-16

Received from WOODSIDE - CAR

the sum of £15 M

LEWIS TAXIS COV LTD

024 76 66 66 66 DOWNLOAD OUR APP: DRIVER

334 FOLESHILL ROAD, COVENTRY CV6 5AJ
 For online bookings: www.coventry-taxis.co.uk Fax: 024 76 637589
 Email: lewistaxisaccounts@hotmail.com

Date: 17/11/16 Time: _____
 From: WOODSIDE STATION
 To: WOODSIDE STATION
 Fare: 25-00 Driver Id: _____
 Signature: _____

VAT NO. 936 124 138 **Thanks for using Lewis Taxis**

1-2 Dec 16

Dec 2016
23

Title: [Redacted]
Surname: [Redacted]
Forename(s): [Redacted]
Home Address: [Redacted]

Assignment No: 222127774
HQ/HOSP: [Redacted]
Grade: [Redacted]
Security: 41611521

Make: [Redacted]
Model: [Redacted]
CC: [Redacted]
Reg. No: [Redacted]
Veh. Type: [Redacted]

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
			£88.60	£88.60

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

Section One

- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
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Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: [Redacted]

Date: 22.11.16

Contact Number: [Redacted]

Manager's Signature: [Redacted]

Date: 21/11/2016

Contact Number: [Redacted]

Manager's Name printed (new requirement)

[Redacted]

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Centre Heights

2-2

Doc for 23

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: [Redacted]
 HQ/Hosp: [Redacted]
 Grade: [Redacted]
 Security: 41611521

Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Date		Tax		Details of Journey(s) and/or Expenses		Complete both columns		Claim for Reimbursement of:			Subsistence, incidental allowance or other expenses claimed		Amount
Date	Exempt	Start / Finish Point and Reason for the Journey	Official Mileage	Mileage Actually Travelled	Claimed Mileage	Number of Passenger Miles	Parking Fees	Bus/Train Fares	Time Depart (hh:mm optional)	Time Return (hh:mm optional)		Amount	
24/02/16		Taxi						£6.70				£6.70	
24/02/16		Train Fare						£8.90				£8.90	
07/03/16		Taxi						£15.60				£15.60	
08/04/16		Taxi						£13.60				£13.60	
20/04/16		Taxi						£12.00				£12.00	
20/04/16		Taxi						£10.80				£10.80	
25/05/16		Taxi						£6.00				£6.00	
25/07/16		Taxi						£15.00				£15.00	
TOTALS:												£88.60	

Month Paid: [Redacted]
 Payments Clerk: [Redacted]

Print the Form

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date: 22-Nov-16

Receipt

Date: 24/2/16

Received: £ 6.70 with thanks

Signature: [Signature]

Printed by Arboreal Print 01708 733031 www.arborealprint.co.uk

Class	Ticket #	Age	Adult	Child
STD	ANYTIME DAY R	ONE	NIL	RTN
Start Date		Number		
24-FBY-16		65821		4937869481
From	Valid until	Price		
HATFIELD (HERTS)	24-FBY-16	£8.90X		
To	Routes	Validity		
HORNSEY *	ANY PERMITTED	ON DATE SHOWN		

2-PART RETURN
Ms EJ JONES
T&O CTR NG3JFC40-7871
Printed 09:10 on 24-FBY-16

LICENSED LONDON TAXI
Transport for London
RECEIPT

AMOUNT £ 7.316

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS

LICENSED LONDON TAXI
Transport for London
RECEIPT

AMOUNT £ 6.25 s.16

ALWAYS USE TRADITIONAL LONDON TAXI-CABS
THANK YOU FOR YOUR BUSINESS

RECEIPT

DATE: 20.4.16
DRIVER NO: [Blank]
FROM: ~~SALE~~ MAYLANDS AV.
TO: TRAIN STATION.
RECEIVED: £ 12.00 WITH THANKS
SIGNED: [Signature]

PRINTED BY ARBOREAL PRINT GROUP 020 7416 5055

Date: 20/4/16
Driver No.: [Blank]
From: [Blank]
Received: £ 12.00
Signed: [Signature] With Thanks

KHAN CABS
Customer Receipt



date: 20/2/16 fare amount: 6.25

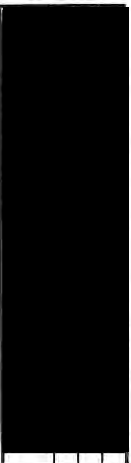
signature: [Signature]

licensed taxi receipt

December 19

*December 19
36.*

Title: _____
Surname: _____
Forename(s): _____
Home Address: _____



Assignment No: 24387392
HQ/HOSP: _____
Grade: _____
Security: 9837388

Make: _____
Model: _____
CC: _____
Reg. No: _____
Veh. Type: _____

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
				£38.40

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

Section One The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.

- (a) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
- (b) That a public service was not available or was not suitable except for those journeys so indicated.
- (c) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party Insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
- (d) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.

- (a) I gave advice on the handling of the emergency before starting the journey.
- (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
- (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

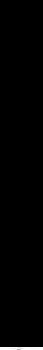
Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that _____ e submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: _____



Date: 23/11/2016 Contact Number: _____

Manager's Signature: _____



Date: 29/11/2016 Contact Number: _____

Manager's Name printed (new requirement)

Paul Burslow

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belsize Lane, NW3 5BA

RECEIPT FOR HIRING

JOURNEY LIME ST →
MERSEY COVE 25/10

CAB No D14 DATE 12/10/16

SIGNATURE

[Handwritten Signature]

METERED FARE:

£ 17 00 p

Thank you!



LICENSED TAXIS

0151 298 2222

FASTLANE CABS

Be Sure • Be Safe

T: 0115 9 501 501

Date: 28-10-2016

Driver Code: 38

From: [Handwritten]

To: [Handwritten]

Total Fare Received: £17.00 W.T.

Signature: [Handwritten Signature]

Thank you for your custom



RECEIVED WITH THANKS

Date 13/10/16

From MERSEY COVE

To LIME STREET

The Sum of £17.00

Drivers Name [Handwritten]

Drivers Signature

www.britanniataxis.co.uk

*Booked 15-20 Feb 2017
Payment Feb 10.*

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: [Redacted]
 HQ/HOSP: [Redacted]
 Grade: [Redacted]
 Security: 98917034

Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence, Expenses
				£377.80

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE
Section One

- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
- (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
- (c) That a public service was not available or was not suitable except for those journeys so indicated.
- (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
- (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

- With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.
- (a) I gave advice on the handling of the emergency before starting the journey.
 - (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
 - (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HM/RC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: [Redacted] Date: 20 January 20217 0208 938 2468
 Manager's Signature: [Redacted] Date: 20 January 2017 0208 938 2410
 Manager's Name printed (new requirement) PAUL JENKINS

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
 Finance Dept, Tavistock Centre, 120 Belisize Lane, NW3 5BA

*Parsons
 Feb 10 (10)*

Title:
 Surname:
 Forename(s):
 Home Address:

Assignment No:
 HQ/Hosp:
 Grade:
 Security:

Make:
 Model:
 CC:
 Reg. No:
 Veh. Type:

Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:			Subsistence, incidental allowance or other expenses claimed		Amount
			Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	Time Return hh:mm (optional)		
16/03/17		Attendance at conference										£199.00
16/05/17		Attendance at conference										£178.80
TOTALS:												£377.80

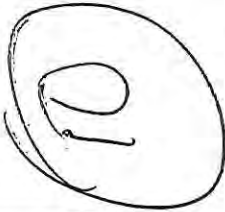
Month Paid
 Payments Clerk

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date:

Terry Noys

From: Design In Mental Health 2017 <registrations17@speeddata.co.uk>
Sent: 16 January 2017 09:10
To: [REDACTED]
Cc:
Subject: Your registration confirmation for Design In Mental Health 2017



DESIGN in
Mental Health
Conference. Exhibition.
Awards. Dinner.

16-17 MAY 2017
National Motorcycle Museum
BIRMINGHAM



Design
Mental Health Network

Dear [REDACTED]

Thank you for registering to attend Design In Mental Health 2017, May 16th-17th, National Motorcycle Museum, Birmingham. Please print this ticket and bring it with you on the day.

Name: [REDACTED]
Company Name: Tavistock and Portman NHS Foundation Trust
Your unique reference number is: **NO110155**
Days Booked: TUE & WED



DESIGN in Mental Health
16-17 MAY 2017
National Motorcycle Museum
BIRMINGHAM
Design Mental Health Network

[REDACTED]

Tavistock and Portman NHS Foundation Trust

Above is a preview of how your details will look once produced.




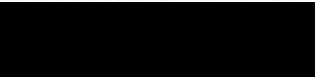
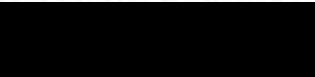
Dinner & Awards

Thank you for booking the Design in Mental Health Dinner & Awards.

The Design in Mental Health Dinner & Awards will take place the evening of the first day of the Design in

Confirmation

Reference Number 4043306
Registered 09/01/2017 8:40 AM
Title Universities UK: Student mental wellbeing
Venue Woburn House Conference Centre
[Click to add to calendar](#)
Start Date 16/03/2017 9:30 AM
End date 16/03/2017 4:30 PM
Total price £199.00

Order details	
Select price	Early bird reduced fee: pay online
Total price	£199.00
Title	
First name	
Last name	
Organisation	Tavistock and Portman NHS Foundation Trust
Email	
Contact telephone number	
Address Line 1	Tavistock Centre
Address Line 2	120 Belsize Lane
Town	London
Postcode	NW3 5BA
Total price	£199.00

Print

Jan 17

Saverus Key
(11)

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: [Redacted]
 HQ/Hosp: [Redacted]
 Grade: [Redacted]
 Security: 9994374
 Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Details of Journey(s) and/or Expenses			Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:			Subsistence, incidental allowance or other expenses claimed		Amount
Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart (h:mm optional)	Time Return (h:mm optional)		
07/12/16		Southern										£30.00
07/12/16		Southern										£9.00
TOTALS:												£39.00

Month Paid
 Payments Clerk

To comply with Inland Revenue [Print the Form](#)
 Failure to complete the form correctly may result in the claim being returned for amendment & delay payment.

Date: 07-Dec-16

Jan-17-16

*Tavistock Reg
(11)*

Title:

Surname:

Forename(s):

Home Address:

Assignment No:

HQ/Hosp:

Grade:

Security:

Make:

Model:

CC:

Reg.No:

Veh. Type:

Details of Journey(s) and/or Expenses		Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		Amount
Date	Tax Exempl	Start / Finish Point and Reason for the Journey	Official Mileage			Mileage Actually Travelled	Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	
07/12/16		Soumal								£30.00
07/12/16		Soumal								£9.00
TOTALS:										
										£39.00

Month Paid

Payments Clerk

To comply with Inland Revenue Print the Form I/We are to read all sections on the Declaration sheet.
Failure to complete the form correctly will result in your claim being returned for amendment & delay payment.

Date:

Terry Noys

From: LexisNexis eCommerce <commerce@lexisnexis.com>
Sent: 07 December 2016 09:26
To: [REDACTED]
Subject: Confirmation of your order #b00002574



Your order confirmation

Thank you for your order. Please check your order details below.



Order ID: #b00002574

Product title

FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (September 2015)
QtyFormatPrice VAT Total price £30.00£0.00£30.00

Shipping Information

Tavistock & Portman NHS Foundation Trust
Tavistock Centre 120 Belsize Lane
London LDN NW3 5BA

Subtotal £30.00
Shipping & Handling £0.00
Grand Total £30.00

Terry Noys

From: LexisNexis eCommerce <ecommerce@lexisnexis.com>
Sent: 07 December 2016 10:51
To: [REDACTED]
Subject: Confirmation of your order #b00002577



Your order confirmation

Thank you for your order. Please check your order details below.

Order ID: #b00002577

Product title	Qty	Format	Price	VAT	Total price
FRS 15 Tangible Fixed Assets	1	Print	£9.00	£0.00	£9.00

Subtotal £9.00

Shipping & Handling £0.00

Grand Total £9.00

Shipping Information

[REDACTED]
Tavistock & Portman NHS Foundation Trust
Tavistock Centre 120 Belsize Lane
London LDN NW3 5BA

Payment Information

Credit Card

(Jan 17)

January Part
(53)

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: [Redacted]
 HQ/Hosp: [Redacted]
 Grade: [Redacted]
 Security: 4099228
 Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Date		Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns	Claim for Reimbursement of:	Subsistence, incidental allowance or other expenses claimed	Amount					
				Official Mileage	Mileage Actually Travelled	Claimed Mileage	Number of Passenger Miles	Parking Fees	Bus/Train Fares	Time Depart (hh:mm optional)	Time Return (hh:mm optional)	
19/12/16			Accounts from Companies House									
23/12/16			Safety steps									
			Cost Centre									
			TOTALS:									£15.99

Month Paid
 Payments Clerk

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date: 23-Dec-16

January 2016
(53)

Title: [Redacted]
 Surname: [Redacted]
 Forename(s): [Redacted]
 Home Address: [Redacted]

Assignment No: [Redacted]
 HQ/Hosp: [Redacted]
 Grade: [Redacted]
 Security: 4099228
 Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

Date		Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns		Claimed Mileage	Number of Passenger Miles	Claim for Reimbursement of:		Subsistence, incidental allowance or other expenses claimed		Amount
				Official Mileage	Mileage Actually Travelled			Parking Fees	Bus/Train Fares	Time Depart hh:mm (optional)	Time Return hh:mm (optional)	
19/12/16			Accounts from Companies House									£1.00
23/12/16			Safety steps									£14.99
			Cost Centre									
			TOTALS:									£15.99

Month Paid: [Redacted]
 Payments Clerk: [Redacted]

Date: 23-Dec-16

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

ARGOS
Swiss Cottage 0180
5 Harben Parade
Finchley Road
Swiss Cottage
London
Greater London
NW3 6JR
08451657180

212/5309 SILVER STUD SET
1 @ 11.99 GBP 11.99

* EXEMPT FROM 30 DAY
GUARANTEE

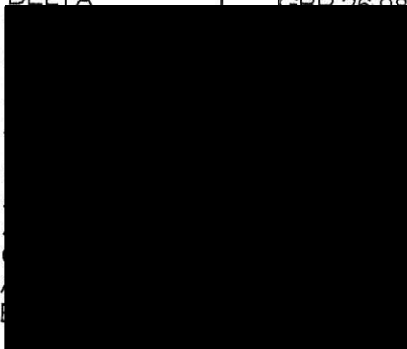
Reservation Number - 207209

**541/8556 ABRU COMPACT
BLACK HANDY**
1 @ 14.99 GBP 14.99

Reservation Number - 207209

TOTAL 2 Items GBP 26.98

DELTA GBP 26.98



PLEASE DEBIT ACCOUNT
WITH THIS SALE

Title: [Redacted]
Surname: [Redacted]
Forename(s): [Redacted]
Home Address: [Redacted]

March 2017

Assignment No: 11430078
 HQ/Hosp: TAVISTOCK
 Grade: 8D
 Security: 5133840
 Make: [Redacted]
 Model: [Redacted]
 CC: [Redacted]
 Reg. No: [Redacted]
 Veh. Type: [Redacted]

*11/02/17
March 2017
(67)*

Date	Tax Exempt	Start / Finish Point and Reason for the Journey	Complete both columns		Number of Passenger Miles	Claim for Reimbursement of:			Subsistence, incidental allowance or other expenses claimed		Amount
			Official Mileage	Mileage Actually Travelled		Claimed Mileage	Parking Fees	Bus/Train Fares	Time Depart h:m:mm (optional)	Time Return h:m:mm (optional)	
13/02/17		EX20 2PY - EX1 1QA EX1 1QA - EX20 2PY	30	30	30						
TOTALS:							60				

Month Paid
 Payments Clerk

To comply with Inland Revenue regulations employees are required to read all sections on the Declaration sheet.
 Failure to complete the form correctly will result in the claim being returned for amendment & delay payment.

Date: 16-Feb-17

Title: [Redacted]
Surname: [Redacted]
Forename(s): [Redacted]
Home Address: [Redacted]

Assignment No: 11430078
HQ/HOSP: TAVISTOCK
Grade: 8D
Security: 5133840

Make: [Redacted]
Model: [Redacted]
C.C.: [Redacted]
Reg. No: [Redacted]
Veh. Type: [Redacted]

Summary of Claim				
Claimed Mileage	Passenger Miles	Parking Fees	Bus/Train Fares	Subsistence Expenses
60				

Travel / Expenses Claim Form - Statutory Declaration

I DECLARE

- Section One**
- (a) The mileage and other expenses claimed overleaf were incurred whilst on the business of the Trust and are in the accordance with the appropriate Agenda for Change or Hospital Medical and Dental Terms and Conditions of Service.
 - (b) That no claim in respect of any mileage / expense claimed overleaf has been made elsewhere.
 - (c) That a public service was not available or was not suitable except for those journeys so indicated.
 - (d) That the insurance policy in respect of the vehicle stated provides cover whilst it is being used on official business for full Third Party insurance including cover against the risk of injury to, death of passengers and damage to or theft of property and that the policy covers the period of claim.
 - (e) Please note that any claim identified as fraudulent may render the claimant liable to proceedings

Section Two Recalled to Work

With regards to the journeys indicated as Tax Exempt, I certify that the following conditions existed at the time.

- (a) I gave advice on the handling of the emergency before starting the journey.
- (b) I accepted the full responsibility for those aspects of the emergency, which were appropriate to my duties at the time.
- (c) I retained the responsibility for those aspects of the emergency which were appropriate to my duties whilst travelling to the scene of the emergency.

Section Three

- (a) Enter official mileage for each journey from headquarters or base to the place visited.
- (b) Enter actual mileage travelled on journey. This may differ from official mileage if journey did not start from headquarters or base.
- (c) Actual mileage paid will be the lesser of (a) or (b).
- (d) Where mileage is claimed, the postcodes of the start point and the end point must be stated.

Receipts:

Please note that HMRC require that all relevant receipts are submitted with the claim. Claims will be returned if receipts are not attached.

Employee's Signature: [Redacted]

Date: Contact Number: 2356

Manager's Signature: [Redacted]

Date: 12 Feb 2017 Contact Number: 2296

Manager's Name printed (new requirement)

(When completed this form should be forwarded to the address below by the 2nd of the month in which payment is expected)
Finance Dept, Tavistock Centre, 120 Belisize Lane, NW3 5BA

SUMMARY OF DIRECTORS EXPENSES APRIL 2015- MARCH 2017

NAMES	TITLE	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL
Jenkins, P	Chief Executive	25.90	NIL	NIL	144.20	NIL	NIL	NIL	55.95	NIL	NIL	29.60	NIL	NIL	NIL	NIL	NIL	NIL	348.70	NIL	NIL	NIL	NIL	NIL	NIL	604.35
Noys, T	Deputy Chief Executive and Director of Finance	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	0.00
Senior, R	Medical Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	0.00
Hodges, S	Children, Young Adults and Families Director (CYAF)	NIL	NIL	NIL	22.19	NIL	NIL	NIL	NIL	NIL	NIL	103.50	NIL	NIL	58.5	NIL	NIL	NIL	NIL	NIL	NIL	13.86	NIL	NIL	33.6	231.65
Stern, J	Adult and Forensic Services Director (AFS)	36.00	NIL	NIL	NIL	38.27	26.07	NIL	NIL	NIL	30.9	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	131.24
Lyon, L	Director of Quality and Patient Experience	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	0.00
Rock, B	Director of Education and Training and Dean of Postgraduate Studies	NIL	NIL	NIL	NIL	263.5	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	263.50
Thomas, S	Director of Human Resources	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	221.53	NIL	NIL	NIL	NIL	NIL	NIL	221.53
Caldwell, C	Director of Nursing	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	0.00
de Sousa, C	Director of Human Resources	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	137	NIL	NIL	NIL	137.00
Thomas, L	Associate Director of Marketing & Communications	NIL	35.36	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	74.20	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	109.56
Wyndham Lewis, D	Director of Information Management & Technology	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	0.00
	Total	<u>61.90</u>	<u>35.36</u>	<u>0.00</u>	<u>166.39</u>	<u>301.77</u>	<u>26.07</u>	<u>0.00</u>	<u>55.95</u>	<u>0.00</u>	<u>30.90</u>	<u>207.30</u>	<u>0.00</u>	<u>0.00</u>	<u>58.50</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>570.23</u>	<u>0.00</u>	<u>0.00</u>	<u>150.86</u>	<u>0.00</u>	<u>0.00</u>	<u>33.60</u>	<u>1698.83</u>