NHS
North Norfolk
Clinical Commissioning Group

Declaration of gifts of hospitality – April 2019 to date

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift/Hospitality	Estimated Value	Supplier/Offeror: Name and Nature of Business	Details of previous offers or Acceptance by the Offeror/Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

NIL RETURN