NHS
South 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/Offer or: Name and Nature of Business**	**Details of previous offers or Acceptance by the Offer or/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