

Service User and Carer Travel Expenses Claim Form

Name:		Client Number:		Program:	
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Date	Travel From	Travel To	Reason for Travel	No. of Miles	Cost @ 0.450 Per mile	Train/Bus Fares	Parking Costs	Voluntary Car scheme @ £4
					-			
					-			
					-			
					-			
					-			
					-			
					-			
					-			
					-			
					-			
					-			
Total				-	-	-	-	-

Grand Total	-
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Payment to be made by:

Bank Transfer	Yes/No (Please circle)
Account Name	_____
Sort Code	_____
Account Number	_____
Building Society	
Roll Number	_____

Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
City _____
County _____
Postcode _____

Cheque Yes/No (Please circle)
Payable to _____
Address _____

By signing, I declare that this claim is for actual travel costs incurred attending permitted mental health planning meetings.

Form Completed
By _____

Signed: _____

Date _____

Authorised by Shaw Trust: _____

Name _____

Date _____

Car mileage will be paid at the rate of £0.45 per mile. Public transport costs and parking costs will be reimbursed in full on production of receipts. Taxi fares will not be reimbursed. Voluntary car scheme receipts need to be attached.

Please return the completed form to :
Live Well Kent Co-ordinator. Second Floor Bridge House, 97-101 High Street, Tonbridge Kent TN9 1DL