Service User and Carer Travel Expenses Claim Form

Name: Client Number: Program:

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 -

Payment to be made by:

Bank Transfer Yes/No (Please circle)
Account Name
Sort Code
Account Number
Buliding 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 be reimbursed if authorized in advance. 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