

# Eastleigh Good Neighbours Travel Expense Claim Form

Name		Month Ending	Vehicle Reg. No.	Note: Rates are currently 45 pence per mile plus 5 pence per mile for every passenger when the passenger(s) is in the vehicle. Please enter passenger mileage separately under the passenger mileage columns.		
Date	Client	Type of Task	A. Total Mileage (without client)	B. Passenger 1 Mileage	C. Passenger 2 Mileage	Total Mileage (A+B+C)
<b>TOTALS</b>			<b>A</b>	<b>B</b>	<b>C</b>	
<p><b>Type of Task</b> means: Shopping, Hospital, Nursing Home visit, Doctors, Dentists, Chiropodists, Lunch Clubs, Hairdressers etc.  <b>Abbreviations:</b> please use the following for Hospital appointments <b>WINC H: SOTON H; S HANTS</b> and then <b>O.P.A.</b> for outpatient appointments or <b>V</b> for visiting.</p>		<p>I certify that this claim is correct, that I hold a current driving licence and have not incurred any endorsements that I have not previously notified you of in writing. That my vehicle is properly licenced and has a current MOT test certificate. That I have current motor insurance for the vehicle and I have notified my insurance company that I will receive a mileage allowance for my journeys relating to the activities of Eastleigh Good Neighbours.</p>			<b>Total Mileage x 45p</b> (Column A)	£
					<b>Total Passenger 1 Mileage x 50p</b> (Column B)	£
					<b>Total Passenger 2 Mileage x 55p</b> (Column C)	£
<b>Signature:</b>		<b>Date:</b>			<b>Grand Total</b>	£

