

# Eastleigh Good Neighbours Travel Expense Claim Form

D. 1

<b>Name</b> Jennie		<b>Month Ending</b> May	<b>Vehicle Reg. No.</b>	<b>Note:</b> 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.		
<b>Date</b>	<b>Client</b>	<b>Type of Task</b>	<b>A. Total Mileage (without client)</b>	<b>B. Passenger 1 Mileage</b>	<b>C. Passenger 2-3 Mileage</b>	<b>Total Mileage (A+B+C)</b>
16.5.12	Mrs Brown & Mr & Mrs King	SG Eye Hospital x 2	3	3	11.5	17.5
<b>TOTALS</b>			<b>A</b> 3	<b>B</b> 3	<b>C</b> 11.5	17.5
<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.		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.			<b>Total Mileage x 45p</b> (Column A)	£ 1.35
					<b>Total Passenger 1 Mileage x 50p</b> (Column B)	£ 1.50
					<b>Total Passenger 2-3 Mileage x 55p 60p</b> (Column C)	£ 7.05
<b>Signature:</b>		<b>Date:</b>			<b>Grand Total</b>	£ 9.90

## Other Expenses

(please include receipts with claim form)

Date	Item	Cost
<b>TOTAL</b> (Carried forward to front page)		