

MILEAGE EXPENSE CLAIM FORM

(En)	Camberley Care Help in the Community
3	Help in the Community

Date of

MILEAGE EXPENSE CLAIM FORM

Office Use

Date of	Client Name	Diary No	Miles	Office Use Only		
journey		,		J,		
I wish to cla	aim (Please tick relevant box)	Total				
I wish to	claim £0.45 per mile			•		
	claim £0.50 per mile					
I wish to claim a reduced mileage of £ and I AM eligible for Gift Aid				t Aid		
I wish to claim a reduced mileage of £ and I AM NOT eligible for Gift Aid						
	donate all my mileage and I AM eligible					
I wish to	donate all my mileage but I AM NOT el	igible for Gift Aic	d			
Nama		Signature:				
Name:						
Note to Drivers						
If you wish to donate all or part of your mileage expense to Camberley Care and you are a UK Taxpayer, we can						
claim an extra 25p for every £1 donated as Gift Aid rebate A Mileage Claim form needs to be submitted in order for this to be possible.						
	A wineage claim form needs to be submitted in	oraer for this to be	hossinie.			

journey Client Name	Diary No	ivilles	Only	
vish to claim (Please tick relevant box)	Total			
I wish to claim £0.45 per mile				
I wish to claim £0.50 per mile				
	claim a reduced mileage of £ and I AM eligible for Gift Aid			
I wish to claim a reduced mileage of £		OT eligible fo	r Gift Aid	
I wish to donate all my mileage and I AM eligib	ole for Gift Aid			
I wish to donate all my mileage but I AM NOT	eligible for Gift Aid	t		
Name:	Signature:			
Note to Driver	s			
you wish to donate all or part of your mileage expense to Cal			er, we can	
claim an extra 25p for every £1 dona A Mileage Claim form needs to be submitted				

07718 688711 info@camberlevcare.org

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