

Client Name

Date of

journey

MILEAGE EXPENSE CLAIM FORM

Miles

Diary No

Please tick

if Double

Return

Office Use

Only

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

MILEAGE EXPENSE CLAIM FORM

Date of	Client Name	Diary No	Miles	Please tick if Double	Office Use Only
journey	Cherierianie	Diary ito		Return	Only
I wish to cl	aim (Please tick relevant box)	Total			
☐ I wish to	claim £0.45 per mile			_	
☐ I wish to	claim £0.50 per mile				
I wish to	claim a reduced mileage of £	and I AM	eligible for	Gift Aid	
	claim a reduced mileage of £				id
I wish to	donate all my mileage and I AM elig	ible for Gift Aid			
I wish to	donate all my mileage but I AM NOT	Feligible for Gift	Aid		
Name:		Signature:			
		3.8			
	Note to				
If you wish to d	onate all or part of your mileage expense to 0			axpayer, we ca	an claim an
	extra 25p for every £1 do A Mileage Claim form needs to be sub			hlo	
	A wheage Claim form needs to be sub-	initieu ili oruer for tr	iis to be hossi	DIE.	

	Signature:
Note to D	rivers
e all or part of your mileage expense to Ca	imberley Care and you are a UK Taxpayer, we can claim an
extra 25p for every £1 don	ated as Gift Aid rebate
A Mileage Claim form needs to be subm	itted in order for this to be possible.
0	07740 000744

If you wish to donate all or part of your mileage expense to

I wish to claim (Please tick relevant box)

I wish to claim £0.45 per mile I wish to claim £0.50 per mile

Name:

U//18 688/11

0

07718 688711

Total

I wish to claim a reduced mileage of £ _____ and I AM eligible for Gift Aid I wish to claim a reduced mileage of £ _____ and I AM NOT eligible for Gift Aid

I wish to donate all my mileage and I AM eligible for Gift Aid I wish to donate all my mileage but I AM NOT eligible for Gift Aid