

## **W&B Claim Form for Mileage and Car Parking associated with Hospital Treatment**

NAME .....

ADDRESS .....

.....  
**Claims subject to a minimum value of £20 will be considered if the travel costs incurred resulted in a welfare need. Claims to be submitted in same financial year if possible. Historic claims will not be honoured unless there are exceptional circumstances.**

<b>Date s</b>	<b>Hospital Attended</b>	<b>Mileage – Number of miles. (home to venue &amp; return) Paid at 20p per mile.</b>	<b>Car park charges (Must be receipted if more than minimum claimed)</b>	<b>Total claimed.</b>
		... miles @ 0.20p = £ .		
			<b>Grand total claimed</b>	<b>£</b>

Signature ..... Date .....

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**Admin – W&B Rep to complete**  
 Confirm W&B member Yes/No