

Appendix 4

Reading LINK Expenses Claim Form

Name

Address

.....

Post Code

HOST Issuing Officer

I(name) confirm that the LINK Member has provided the necessary receipts to evidence this claim which is £50 or less and that full payment will be made to the member within 14 days.

| Date | Activity | Journey | | | Bus*/ Train*/ Taxi* or Car @ 40p/m Passengers* @ 2p/m £p | Carer* £p | Incidental Expenses | | Total Claimed £p |
|------|----------|---------|----|-------------------------|---|--------------|------------------------|-------------|---------------------|
| | | From | To | Total Car Mileage | | | Detail* | Value £p | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

Signed
(Claimant)

Date

Counter-signed by LINK Board if claim exceeds £50 Date.....