

**SERVICE USER/CARER CLAIM FORM** *(Please ensure information is included and correct otherwise this may delay payment)*

<p>Meeting/activity held at: _____</p> <p>Date: _____ Time: _____</p> <p>Purpose: _____</p> <p>Chairperson/Organiser: _____</p>	<p>Name of Payee _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p><b><u>For BACS Payment*</u></b></p> <p>Account Number: _____</p> <p>Sort Code: ___ / ___ / ___</p> <p>Name of Bank: _____</p>
<p>Mileage claimed _____ Or Fare claimed * _____</p> <p>Name of Transport Provider _____</p> <p>Other Expenses £ _____ * <b>PLEASE ATTACH RECEIPTS</b></p> <p>Please specify: _____</p> <p>Signature: _____ Date: _____</p> <p>Chairperson/Organiser Signature: _____</p> <p>Date: _____</p>	<p><b><u>For Office Use Only:</u></b></p> <p>Total miles payable (Paid at <b>28p</b> per mile) _____ Account code: <b>490B4290</b></p> <p>Bus Fare                    £ _____ (attach ticket)                    Account code: <b>650B4620</b></p> <p>Taxi Fare                    £ _____ (attach ticket)                    Account code: <b>650B4620</b></p> <p>Other Expenses            £ _____ (attach receipts)                    Account code: <b>650B4620</b></p> <p>Total                        £ _____</p> <p><u>Payment method:</u></p> <p>Cash   <input type="checkbox"/>            Cheque   <input type="checkbox"/>            BACS   <input type="checkbox"/>   <b>(Bank details required*)</b></p>	
<p><b><i>AUTHORISATION (Please print details clearly)</i></b></p> <p>Authorised by: _____</p> <p>Designation: _____</p> <p>Contact Email Address: _____</p> <p>Cost Centre: E0 _____</p> <p>Signature: _____ Date: _____</p>		