**MAIDENHEAD CARE**

**TRANSPORT CLAIM FORM / VOLUNTARY DONATIONS**

Name: Telephone Number:

Address:

Post Code:

Bank Details for Payment of Expenses:

Bank: Sort Code:

Account Name: Account Number:

**JOURNEYS UNDERTAKEN DRIVERS MAY CLAIM 45P PER MILE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **CLIENT** | **DESTINATION** | **MILEAGE** | **DONATION****REQUESTED** | **DONATION****RECEIVED** | **AMOUNT** **CLAIMED** |
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|  |  | **TOTALS** |  |  |  |  |

**Please ensure that all columns are totalled**

I have today sent the client voluntary donations I have received to:

Lloyds Bank, 30 95 36, Account; Maidenhead Care, No. 34208160

SIGNED: Date:

Please email this form to: treasurer@maidenheadcare.org.uk or post to: 30 Mallow Park, Maidenhead, SL6 6SQ

Richard Burdett, Maidenhead Care Treasurer, Tel: 07860 814998

REGISTERED CHARITY No. 1134263 REGISTERED COMPANY No. 6996751