

# 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
<b>TOTALS</b>						

**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](mailto:treasurer@maidenheadcare.org.uk) or post to: 30 Mallow Park, Maidenhead, SL6 6SQ

Richard Burdett, Maidenhead Care Treasurer, Tel: 07860 814998