MAIDENHEAD CARE
TRANSPORT & EXPENSES CLAIM / VOLUNTARY DONATIONS RECORD FORM

Name: ..... Telephone Number: .....

Address: .....

.....

.....

Post Code: .....

Bank Details for Payment of Expenses:

Bank: ..... Sort Code: .....

Account Name:..... Account Number: .....

JOURNEYS UNDERTAKEN **Drivers may claim per mile (from 6 April 2026): 55p**

DATE	CLIENT	DESTINATION	MILEAGE	DONATION REQUESTED	DONATION RECEIVED	AMOUNT CLAIMED
		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