Integrated
Treatment Services
Client-centred Therapy

Travel Claim Form

(Please copy your completed form and retain for your reference)

Name_____

Base_____ Home to base_____ miles

Claim Dates: From_____ to _____

Mileage to date bought forwards: _____ miles

Date	Journey Details	Miles	@ 40p	Miles @ 45p		Total (£)
	Text					
					Total:	£

Date Completed_____ Signed as accurate _____

Date Received_____ **Authorised**_____

Date Paid_____