



Date

return address

Jane Macfarlane,
Cumbria CVS
27 Spencer Street
Carlisle
CA1 1BE

Name	Mr /Mrs /Ms / Other
Address	

Contact Telephone Number

Preferred Method of Payment Please tick as appropriate	Cash	Cheque	Cheque No.	

Date	Activity	Duration		Journey			Bus*/ Train*/ Taxi* or Car @ 40p/m		2p per mile per passenger Carer*	Incidental Expenses		Total Claimed
		Start	End	From	To	Car Mileage	Detail*	Value				
TOTALS												

LINKs Participant Declaration

I confirm that I have incurred the above expenses, and that the expenses and claim for payment meet the rules set out in the Expenses Guidance for LINKs Members. I hold a valid driving licence, that the car is taxed , has a current MOT certificate and is insured for forum activity.

Name in Capitals:	Signature:
	Date:

LINKs Issuing Officer

I confirm that the LINKs participant has provided the necessary receipts to evidence claim and that full payment will be made to the forum member within 14 days.

Name in Capitals:	Signature:
	Date:

* Please ensure that you attach tickets/receipts/invoices as appropriate.