



## Expenses Claim – Customer Involvement 2011

Name \_\_\_\_\_ Car Reg \_\_\_\_\_ Engine Size \_\_\_\_\_ Claim Period from \_\_\_\_\_

### TRAVEL & ATTENDANCE

Date	Meeting/ Purpose	Travelled From	Travelled To	Miles Claimed	Public Transport	Incidental Costs (attach receipt)	

### CARERS EXPENSES

Date	Name(s) of dependent relative(s)	Age(s) - for adult care you must be the normal carer	Total Hours	Is carer related?	Amount claimed
				YES/ NO	
				YES/ NO	
				YES/ NO	
				YES/ NO	

(mileage is paid at the appropriate Inland Revenue (FPR) = £0.40

Total miles claimed _____	=	
Other Travel _____	=	
Incidentals _____	=	
Care Costs _____	=	
Total Claim _____		

**I claim these expenses as accurate and necessary costs incurred in the course of CHL meetings etc. I understand that if I have claimed care expenses paid to a relative, I am responsible for any subsequent tax and/or benefits implications.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised:** \_\_\_\_\_ **Date:** \_\_\_\_\_