Name:
Address:

Please include bank account number and sort code to save on bank charges, time and postage costs.

A/C_____**Sort code**_____

association of carers
MAKING A DIFFERENCE TO CARERS' LIVES

Travelling Expenses Claim Form

Date	*Details of journey- please include postcodes if possible*	*Service e.g. Respite*	*Miles@45p per mile*	*Other expense*
	TOTAL of miles		*A*	
	*TOTALS(*Multiply miles in A by 45p)*	*B*	*C**	*D*
	Total of expense claim B+C+D			*£*

I certify that the above expenses shown were properly incurred by me in connection with my official duties. I also certify that I have a current driving licence and that my car is roadworthy, has an up to date MOT certificate and that I have appropriate car insurance for my volunteering role.

Signed ……..... Dated..... Authorised.....

Please complete and return this form at least once a year before the March 31st

If you do not wish to claim expenses, we would be grateful if you would still complete the form and tick the box below marked 'Gift Aid'. By gift aiding your expenses back to us we are a) able to keep track of the amount it costs us to provide our services and b) able to reclaim 25p of tax for every £1 given.

giftaid it

Please tick the box below to confirm that you are a UK taxpayer and would like to donate your travel expenses back to the Association of Carers to claim Gift Aid on your past, present and future donations

☐ If I have ticked this box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Association of Carers to reclaim tax on the donation detailed below and any future donations. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.