



Participant Expenses Claim

(Cambridgeshire LINK is hosted by Cambridgeshire ACRE)

Period Claimed	
From:	
To:	

Contact / Payment Details	
Title:	
Name:	
Address:	
Telephone:	

Date	Journey From - To	Group	Mileage claim		Parking	Other Travel (bus/train/taxi)	Carer	Incidental Expenses	Total Claimed
			Car @ 45p/m	Passengers @ 2p/m					
			Miles	£					
Please ensure that you attach tickets/receipts/invoices as appropriate								TOTAL	

Declaration I declare that I have actually and necessarily incurred these expenses solely in undertaking pre-approved LINK business and that all items are in accordance with the "Participants Expenses Scheme". Where mileage is claimed, I confirm that I hold a valid driving licence, the vehicle has a valid tax disc and MOT certificate if required and that my insurance covers LINK activity.	Certification	
	Payment authorised by LINK Host in accordance with Expenses Scheme	
Name in Capitals:	Signature:	Date:
Signature:	Date:	