



Mileage Claim Form

Date:	Payable to ¹ :	
Address:		Post Code:

Date	From	To	Mileage ²	Passenger/s ³	Reason	Amount (£)
Total						

I certify the above details are correct; the mileage (and passengers) claimed was actually and necessarily incurred in respect of official Solva Care activities.

Signature:	Name of Authorising Trustee:
	Signature:

¹ Payment by cheque or BACS (Ensure Clerk/Treasurer has your account number and sort code).

² Mileage and fuel allowance is calculated at 45p per mile.

³ Passenger/s calculated at 5p per mile