Form 8 18.02.2011

VOLUNTEER DRIVER

NAME _____

ADDRESS _____

TELEPHONE _____ SIGNATURE _____

FOR OFFICE USE ONLY

DATE CLAIM RECEIVED _____

BY _____

(OFFICE STAFF SIGNATURE)

JOURNEY DATE	FROM / TO	No Of MILES	PASSENGER'S NAME	DONATION RECEIVED	JOURNEY VERIFIED INITIALS	MILEAGE VERIFIED INITIALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	TOTAL			TOTAL		

Journeys within the Hungerford area will be rated at £2 per jouney

For your guidance the following are approximate "round trip" mileage from Hungerford town centre.
Donations for your specific journey can be calculated as 40p per mile at …x…your miles travelled .i.e. 20 @40p= £8.00.

W.BERKS.HOSP.NEWBURY	£9.60
READING ROYAL BERKS	£25.60
SAVERNAKE HOSPITAL	£8.00
GT.WESTERN SWINDON	£13.60
CHURCHILL & NUFFIELD,OXFORD	£32.00

DONATIONS RECEIVED

SIGNATURE / DATE

TOTAL MILES CLAIMED

TOTAL CASH