Humber NHS
NHS Foundation Trust

TRAVEL CLAIM FORM

Serial Number: 24901

FORM TO BE COMPLETED IN CAPITALS:

NAME .....

ADDRESS .....

.....

APPOINTMENT DATE/TIME .....

CLINIC/WARD .....

AMOUNT TO BE REIMBURSED IN FIGURES .....

AMOUNT IN WORDS .....

NATIONAL INSURANCE NUMBER .....

HOSPITAL NUMBER .....

Please provide evidence of:

1. Income Support, Income Based Job Seekers Allowance, Tax Credit Exemption Certificate or valid HC2/HC3 form.
2. Appointment Card stamped by the clinic to validate the visit.
3. Travel charge receipt.
4. Written confirmation from your Clincian/Doctor of the requirement for an escort (if appropriate).

I declare that the information given on this claim form is true and complete to the best of my knowledge.
I understand that action may be taken against me if I make an incorrect claim.
I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

PATIENTS SIGNATURE .....

DATE .....

OFFICE USE ONLY

AUTHORISED BY:

NAME .....

DESIGNATION .....

SIGNATURE .....

DATE .....

AUTHORISED STAMP:

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