

Travel Expenses Form

Part 1. PIP Claimant Details

National Insurance No.									
Surname									
First name									
Home address									
Postcode									
Telephone									

NOTE: Only the details of the claimant who is claiming for PIP should be detailed above, along with their signature in Part 5 below. Appointee/ Recipient details should not be entered above, only claimant details.

Part 2. Attendance Details

Centre attended	
Date and time attended	
Additional information:	

Part 3. Travel Details

Bus (return cost)	£
Train (return cost)	£
Car (total miles travelled)	miles
Taxi (return cost)	£
Other	£
If other, please specify:	

Receipts attached: Yes No

NOTE: Any companion expenses will need to be included on this expense form. You can claim the cost of your companion's journey from your home to the consultation centre, as well as the return journey from the centre to your home.

Travel Expenses Form

Part 4. Payment Details

Please tick if you are an Appointee claiming on behalf of a Claimant
(ticking the above you will be the recipient of the claim)

Please tick the payment method you prefer

By Automated Credit Transfer directly into Bank/Building
Society account

NOTE: We cannot make payments by BACS into Building Society
accounts identified by a Roll Number – in these instances the cheque
payment option should be selected.

If the account is not in your name, put the name of the account
holder here

Name								
Sort code								
Account number								

By Cheque (sent to your home address, requires a bank account to
deposit into, can't be cashed at a Post Office)

Part 5. Declaration

Warning: giving false information may result in prosecution

I claim payment for expenses. I declare that the information I have given
is true and complete to the best of my knowledge and belief, and that I am
not entitled to claim these expenses from any other source.

Signature	
Date	

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FOR OFFICE USE ONLY

Checklist for approval:

Claimant details confirmed

Appointment date confirmed

Travel expenses confirmed

Change of circumstances confirmed

Yes No N/A

Claim assessed and payment is approved for the total sum of

£	
Signature	
Date	