

VOLUNTEER DRIVER**FOR OFFICE USE ONLY**

NAME _____

ADDRESS _____

TELEPHONE _____ SIGNATURE _____

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						

Journeys within the Hungerford area	TOTAL			TOTAL	DONATIONS RECEIVED
will be rated at £2 per journey					SIGNATURE / DATE
For your guidance the following are approximate "round trip" mileage from Hungerford town centre.					TOTAL MILES CLAIMED
Donations for your specific journey can be calculated as 40p per mile at ...x...your miles travelled .i.e. 20 @40p= £8.00.					TOTAL CASH

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