

TRAVEL CLAIM FORM TC1 (08)
Patient attendance at a Health appointment

Name of Service and site:

Name of clinic: Date of clinic:

Name of Patient:

Address:

..... Post Code:

*Please tick as appropriate - **evidence of entitlement must be shown:***

- * I am in receipt of Income Support
- * I am in receipt of Income-based Job Seekers Allowance
- * I am in receipt of Pension Credit Guarantee Credit
- * I am in receipt of Working or Child Tax Credit (with an NHS exemption certificate)
- * I hold a Low Income Certificate, HC2 or HC3

Amount claimed: Bus/Rail Fare (receipts to be produced)	£
Private car (.....miles at 15p per mile)	£
Other (give details)	£
Hospital parking charge	£

Patient Declaration I declare that the information given on this claim form is true and complete to the best of my knowledge. I understand and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of relevant information on this form for the purposes of verification and the prevention, detection, investigation and prosecution of fraud.

Signed: **Date:**

Confirmation of appointment attendance

Date..... Staff name.....

Staff signature.....

For Healthcare administrative staff use only

I confirm that the above expenses were paid by me, and I have checked that the patient attended the clinic as stated, and is eligible in accordance with the Hospital Travel Cost Scheme.

Signature of Payment Officer: **Date:**