



Anna's Challenges  
www.annaschallenges.co.uk

## ANNA'S CHALLENGES - TRAVEL CLAIM FORM

This form is to reclaim authorised expenditure for travel expense when children are required to attend CF related appointments at specialist centres away from Basingstoke or Winchester Hospitals.

Expenses for up to 2 accompanying adults per child may be reimbursed.

V4 Updated 8.11.18

The Journey	
Date	
Journey From	
Journey To	
Method of transport (e.g train, car, taxi)	
If by car, how many miles (£0.25p/mile)	
Amount Claimed	£

I confirm this is a true and accurate account of the actual expenditure incurred, and I attach supporting receipts.

Signed	
Print name	
Date	

Approved by authorised member of the CF Team

Signed	
Print Name	
Position	
Date	
For Anna's Challenges use only: Date paid	

Bank Details for reimbursement:

Account Name	
Sort Code	
Account No.	

Please send this form to: Priya Ilangovan, c/o Sue Noakes, Basingstoke and North Hampshire Hospital, Aldermaston Road, Basingstoke, RG24 9NA Email: sue.noakes@hhft.nhs.uk Tel: 01256 314797

*This form collects your data for the explicit use of providing funds for the requested grant. It is not used for any other purpose and your bank details will not be retained.*