

TRANSPORT



Claim for Education Travelling Expenses

Surname of Student

First name(s)

Date of Birth

Address

School/College

Studying

Telephone

Postcode

Period of claim for travel expenses

Petrol Allowance

Refund of Public Transport Fares

Boarding Schools

Distance from home
to school/college
(single journey)

From

To (Sch/Coll)

Single £

Return £

Total = £

(Please enclose tickets where possible)

= miles

Please write the date of each journey

Name of Claimant

Signed

Date

/ /

Certification by Headteacher/Principal

Number of Daily attendances during period
of claim

Date attendance confirmed

Signature of Head teacher/Principal

Customer Bank Details

Bank name

Name on Account

Sort Code

Account number

Please return this form to – Statutory SEND Team, Wiltshire Council, Bythesea Road, Trowbridge, BA14 8JD