



**PROPOSED DOCUMENT**

**KENT LOCAL INVOLVEMENT NETWORK (LINK)  
PARTICIPANT EXPENSE CLAIM FORM**

Name

Address

Contact Telephone Number

Period from  Period To

Preferred Method of Payment  BACS  Cheque  
Please  tick as appropriate

Date	Activity	Total Duration (including travel)		Journey			Bus*/ Train*/ Taxi* or Car @ 40p/m Passengers* @ 2p/m	Incidental Expenses		Total Claimed
		Start time	End time	From	To	Car Mileage		Detail* (eg subsistence)	Value	
<b>TOTALS</b>										

**Declaration**

I confirm that I have incurred the above expenses, and that the expenses and claim for payment meet the rules set out in the Expenses Guidance for the Local Involvement Network (LINK). I hold a valid driving licence, that the car is taxed, has a current MOT certificate and is insured for LINK activity.

Name in Capitals:  Signature:

Date:

**Issuing Officer**

I confirm that the necessary receipts to evidence this claim are attached and that full payment should be made.

Name in Capitals:  Signature:

Date:

\* Please ensure that you attach tickets / receipts / invoices as appropriate or explanation if you are unable to provide these.