



LENNOX CHILDREN'S CANCER FUND BUSINESS MILEAGE CLAIM FORM

Claimant Details

Full Name	
Job Title	

Home Postcode	
Vehicle Registration	

Mileage Claim (if claiming for a passenger, name needs to be added on a separate line)

Travel Date	Name of Traveller/ Passenger	Purpose of Journey	From	To	Via	Return Date	Mode of Travel	No. of Miles	Claim Amount

Claimants Declaration

I declare that the above claim is due to me. I also confirm that I have a valid driving licence and insurance for the vehicle used.	
Signature	
Date	

Accounts Department

Amount Paid	
Date Paid	
Authorised By	
Signed	