

RTS Support Group

Application for Subsistence

(The information provided on this form will be treated as confidential)

Your Name: _____

Address: _____

Tel No: _____

Please specify the reason for your claim:

(Continue on a separate sheet if necessary)

Date of event: _____

Number of persons included in the arrangements: ____ (adults) ____ (children)

Travel by Car:

Approx. distance to be travelled (return journey) _____ miles

(Claim based on rate of 25p/mile)

Travel by Public transport:

Train/ Bus /Other* (if other please specify _____)

Amount of subsistence you wish to claim £ _____

★ I have read and understood the terms and conditions of the fund

*delete as appropriate

SIGNED:

DATE:

Please return to: D Elliker, 39 Hale Road, Heckington, Sleaford, Lincs
NG34 9JN

Issue date: Feb 2014