

## 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