

C/F		
-----	--	--

<input type="checkbox"/> Date	Miles	From/To
B/F		
Total		

I claim petrol allowance for journeys made on behalf of Contact.

.....miles @ 45pence per mile. Total £.....

I acknowledge your advice to check that my car insurance policy covers me whilst driving for Contact.

Signed.....volunteer.

Please return this form to:-

Jasmine Singh
Manager
Contact
Selsdon Community Centre
132 Addington Road
South Croydon CR2 8LA

Authorised for payment _____

Name and address of person to whom cheque should be made payable (in block letters please)
