One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Mileage Reimbursement Claim Form

Scheme Registration Number:	**VSR**
Name of Claimant:	
Dialysis unit:	

Journeys where own transport was used

Session Date	One way	Return	Session Date	One way	Return	Session Date	One way	Return	Session Date	One way	Return
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Example:

Session Date	One way	Return
04/03/23	☑	☐

Total one way journey claims	
Total return journey claims	

Patient/Claimant Declaration:
I declare that the information given on this form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make an incorrect claim. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

Patient's Name:...

Signed: .... **Date: ....**