

Access to Work

Claim for travel to work costs

Department for
Work and Pensions

Please complete Parts 1 to 4 then send this form to the address at Part 5.
Important – if this is your first claim, or your payment details have changed since your last claim, please ask for a ‘New or amended details’ form.

Part 1 Customer details

Title Mr Mrs Miss Ms Other

Surname Other names

AtW ref number Email address

Part 2a Claim details

From / / to / /

How many days do you work each week?

Have you been at work for all these days in the period you are claiming for?

No Fill in the table below, then go to Part 2b on the next page.

Yes Go to Part 2b on the next page.

Date	Number of journeys or mileage per day

Date	Number of journeys or mileage per day

Date	Number of journeys or mileage per day

Total number of taxi journeys or total mileage claimed

Copy this figure to the first box over the page

Part 2b Claim details continued

Total number of taxi journeys or total mileage claimed

Cost per journey or cost per mile

Please attach original receipts or invoices. If you do not have the originals, please attach certified copies.

Receipts must show as a minimum: the amount paid, the person or company who provided transport, the dates the transport was provided, and the start and end point of each journey with full addresses or postcodes.

Total cost in this period

Cost per journey multiplied by the number of journeys **or** cost per mile multiplied by the total mileage.

Your contribution

Public transport cost **or** standard mileage rate agreed with your Access to Work adviser.

Other contributions

Contributions from your employer and anyone who shared your taxi.

Amount claimed from Access to Work

Deduct all contributions from the total amount paid.

Part 3 Employer's declaration

I certify that the person named in Part 1 of this form has been at work for all of the dates shown in Part 2.

Signature

Position

Name

Company address

Date

Part 4 Customer declaration

- I have travelled to work using the method agreed with Access to Work on the dates shown in Part 2 of this form.
- I want the payment to be made to
- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action. Claims may be subject to validation and information may be checked with other sources including employers, suppliers and providers.
- I have read the Access to Work 'Information for Customers' and agree to its terms.
- No part of this claim has been included in any previous claim.
- I understand that Access to Work will not accept claims for reimbursement that are made more than six months after costs were incurred.
- I claim reimbursement of the portion of my costs agreed with Access to Work.

Signature

Name

Date

Part 5 Return details

When you have filled in this form send it to