Access to Work

Claim for travel to work costs

Part of the Department for Work and Pensions

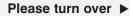
jobcentreplus

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?	6				
Have you been at work for all these days in the period you are claiming for?NoFill in the table below, then go to Part 2b on the next page.Go to Part 2b on the next page.					
Date	Number of journeys or nileage per day	j	Number of ourneys or eage per day	Date	Number of journeys or mileage per day
Total number of				L	<u> </u>

Total number of taxi journeys **or** total mileage claimed

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DP226JP 04/11

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.
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			
Name			
Date	/	/	

Position	
Company address	

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

Jobcentre Plus Access to Work Operational Support Unit Anniesland Jobcentre Mail Handling Site A Wolverhampton WV98 1DB