

Access to Work

Claim for travel costs during working hours

Part of the Department
for Work and Pensions

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 2 Daily claim details

Details of journeys at work during the period:

From / / to / /

Date	From	To	Taxi fares	Public transport rate	Mileage
Total cost of taxis			£ <input type="text"/>	Total mileage	<input type="text"/>

If you need to tell us about more journeys, please ask for another claim form.

Total amount paid by you in this period £

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

Your contribution £

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

Employer contributions £

Employer mileage rate contribution or employer car allowance.

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 during 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