



## Registration and Travel expenses

LD 02



What is your name?

What is your address?

What are you taking part in?

Which staff are taking part?

Main contact for Involvement Activity

Name:

Telephone Number:



This form will be kept in a file

The words will be put on a computer





## Getting travel expenses

Date	The meeting was at	How much my ticket cost £

**Total £**

### I came by train

Date	The meeting was at	How much my ticket cost £

**Total £**

### I came by car

Date	The meeting was at	How many miles I travelled

**Total £**  
(Number of miles x 40p a mile)

Service User Name:

Date of Activity:

**My Bank Information**

**My bank is:**

**My bank account number:**

**My bank sort code:**

**Signed:**

**Manager Signature:**

**Print Name:**

**Role:**

**Approved by Patient and Carer Experience Team**

**Signature:**

**Print name:**

**Date:**

**Return this form to:**

Patient and Carer Experience Team, Cheshire & Wirral Partnership NHS Trust, Redesmere,  
Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ