



Gerrards Cross Town Council

TAXI CONCESSIONARY FARES SCHEME – Reimbursement Form (revised May 2017)

Name & Member Number _____

Address _____

I authorise _____ to collect this refund on my behalf

(Please print name)

Fare for each <u>one- way</u> journey:	Refund per journey	Amount Claimed
£6 - Doctors surgery/medical facility in Chalfont St Peter	£ 3	
£5 - Medical facility/surgery in Gerrards Cross	£ 2	
£15 - Wexham Park Hospital and Spire Hospital, Wexham	£ 8	
£18 - Amersham General Hospital & Amersham Dental Centre	£ 9	
£25 - High Wycombe Hospital or The Practice, Cressex	£ 13	
£15 - Upton Hospital, Slough	£ 8	
£32 - Heatherwood Hospital, Ascot	£ 16	
£17 - Mount Vernon Hospital, Northwood	£ 9	
£15 - Harefield Hospital	£ 8	
£25 - Princess Margaret or King Edward VII Hospital, Windsor	£ 13	
£45 - Stoke Mandeville Hospital	£ 23	
£65 - Frimley Park Hospital	£ 33	
£25 - St Mark's Hospital, Maidenhead	£ 13	
		Total: £

Appropriate receipts for all journeys must be attached

Refunds must be claimed within four weeks of the date of the journey

You or your authorised collector will be required to produce your members pass when collecting the refund.

Signature of member/authorised collector _____