

Claim for Travelling and Subsistence Allowances

ACCTS FORM 1771
(Rev Jan 07)

Part 1 - To be completed by Claimant

Rank	Initials	Surname (in BLOCK CAPITALS)	Service/Computer ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SQN/AEF/VGS No		Wing/CCF	
WSO		Warwickshire & Birmingham Wing ATC	
Unit Identity No (UIN)		Home Address (BLOCK CAPITALS)	
<input type="text"/>		<input type="text"/>	
Make and model of Car/Motor Cycle			
<input type="text"/>			
Engine Capacity	<input type="text"/>	Reg No	<input type="text"/>
			Postcode
			<input type="text"/>

I certify that on the dates covered by this claim: (as appropriate)

1. I had a valid driving licence.
2. The vehicle was insured comprehensively iaw ACP 300.
3. I certify that, where I have claimed official duty rate, the vehicle I used was my own property, the property of my spouse, or was hired under a long term contract.
4. No fuel was obtained from Service sources.

Part 2 - Claimant's Certificate (as appropriate)

I certify that:

1. The details that I have given at parts 1, 2 & 4 on this form are correct iaw ACP 300.
2. The duties to which the claim relates were duly authorised.
3. Expenditure claimed was actually and necessarily incurred by me and receipts are attached.
4. Each journey was performed in the most economical manner.
5. I have not previously claimed for any item on this claim.
6. During the periods for which I claim the daily rates of subsistence allowance I purchased a meal or meals.
7. For journeys for which I claim motor mileage allowance I was not provided with travel warrants, service MT or other publicly provided transport.
8. I claim:

Motor Mileage	<input type="checkbox"/>	Overnight Subsistence	<input type="checkbox"/>
Daily Subsistence	<input type="checkbox"/>	Incidental Expenses	<input type="checkbox"/>

 for the journey(s) and appropriate periods detailed in Part 4.
9. I used:

Hotel	<input type="checkbox"/>
Service Accommodation	<input type="checkbox"/>
Private Arrangements	<input type="checkbox"/>
10. I attach F95 (Certificate of Non-Availability of Service Accommodation) if appropriate to the claim.

Signature

Date

Part 3 - Countersigning Officer's Certificate

I certify that:

1. I am not the claimant (nor spouse/partner/relative).
2. I am aware that claims are to be countersigned by an Officer in the appropriate appointment who is senior to the claimant, authorised iaw ACP 300 and has personal knowledge of the duties performed to which the claim relates.
3. I have ensured that the claim is closed with a diagonal line after the last entry at Part 4 and that all alterations have been initialled.
4. After countersignature I must send this claim to HQ AC Accounts via the appropriate authority as applicable e.g. ATC squadron personnel via Wing HQ without it passing through the hands of the claimant.
5. To the best of my knowledge the duties to which this claim relates were duly authorised by the claimant's superiors, that the duties involved were carried out with the minimum expense consistent with efficiency and that the facts of the claim are accurate and consistent with what the claimant was authorised to do.

Signature & Rank

Date

Name (in CAPITALS)

WARNING

It is a serious offence to make or conspire in making any false statement on this claim or to withhold any information relevant to it. Such an offence could lead to disciplinary action which in turn could lead to dismissal from the Air Cadet Organisation.

TXN No (FOR ACCOUNTS USE ONLY)

