

Claim for Travelling and Subsistence Allowances

ACCTS FORM 1771
(Rev Oct 06)

Part 1 - To be completed by Claimant

Rank Initials Surname (in BLOCK CAPITALS) Service/Computer ID Number

--	--	--	--

SQN/AEF/VGS No

Wing/CCF

--	--

Unit Identity No (UIN)

--	--	--	--	--	--

Home Address (BLOCK CAPITALS)

Make and model of Car/Motor Cycle

--

Engine Capacity

--

Reg No

--

Postcode

--

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

- a. I had a valid driving licence
- b. The vehicle was insured comprehensively iaw ACP 300
- c. 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.
- d. No fuel was obtained from Service sources

Part 2 - Claimant's Certificate (as appropriate)

I certify that:

- The details that I have given at parts 1, 2 & 4 on this form are correct.
- The duties to which the claim relates were duly authorised.
- Expenditure claimed was actually and necessarily incurred by me and for individual amounts over £5.00, receipts are attached.
- Each journey was performed in the most economical manner.
- I have not previously claimed for any item on this claim.
- During the periods for which I claim the daily rates of subsistence allowance I purchased a meal or meals.
- For journeys for which I claim motor mileage allowance I was not provided with travel warrants, service MT or other publicly provided transport.
- 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.
- I used:

Hotel	<input type="checkbox"/>	Service Accommodation	<input type="checkbox"/>
		Private Arrangements	<input type="checkbox"/>
- 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:

- I am not the claimant.
- I am aware that claims are to be countersigned by either an Officer or Adult Warrant Officer who is senior in rank or appointment to the claimant and has personal knowledge of the duties performed to which the claim relates.
- 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.
- After countersignature I must send this claim directly to HQAC Accounts without it passing through the hands of the claimant.
- 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 ACCTS USE ONLY)

--

