



**Southend Cystic Fibrosis Association**

**Travel Claim Form**

Southend Cystic Fibrosis Association ('SCFA') charity number 1101805, have resolved, subject to review, to contribute £35 to a Cystic Fibrosis patient (who is eligible for SCFA help) for each return journey (whether by car, bus or train) undertaken by him/her from their home address in the Southend area to their shared care hospital for the purposes of treatment for their CF. This claim form is to record the date(s) of these journeys and to obtain independent signed verification of their need for travel for treatment from a medical practitioner at a shared care hospital outside the local area, for reimbursement purposes.

Please note that you are only eligible if your hospital does not reimburse you. Please return this form by post to:

Lisa Hyde  
100 Flemming Avenue  
Leigh On Sea  
SS93AX  
Or via email to [office@southend-cfa.org.uk](mailto:office@southend-cfa.org.uk)

**Name and address of CF patient:** \_\_\_\_\_

**Date of Travel: Name of Hospital:** \_\_\_\_\_

**Name of Verifying Medical Practitioner:** \_\_\_\_\_

**Signature of Verifying Medical Practitioner:** \_\_\_\_\_

