**Application for Refund of Employee Residential Journeys**

**The refund will only be processed until this form and the Season Ticket have been provided. We may need to contact you again if we need further information. Refunds can take up to six weeks to process.**

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| **Employee details** |
| Title | Choose an item. | First Name: | Enter your First Name | Last Name: | Enter your Last Name |
| Address: | Enter the 1st line of your address |  |
| Enter the 2nd line of your address | Home Phone: | Enter your Home Phone |
| Enter your TOWN | Mobile No: | Enter your Mobile No  |
| Enter your County | Email: | Enter your Email |
| Postcode: | Enter your POSTCODE |  |
| **Details of SEASON TICKET for which refund is being requested** |
| From (station) | To (station) |
| From | To |
| Purchase Date | Purchase Station | TOC Purchased from |
| Enter date | Station | Choose an item. |
| Image of Ticket supplied (Y/N)? | Ticket Number | Cost of ticket - £ | Payment Method i.e. Card or Cash |
| Choose an item. | Number | Amt | Choose an item. |
| **reason in full for application** |
| Enter full description of reason |

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| **Declaration** |
|[ ]  By checking this box:* I confirm that all details provided are correct.
* I apply for a refund for my residential travel journey(s) as requested above.
* I understand that I am responsible for the correct use of rail staff travel facilities and understand that such use is subject to the Conditions of Issue and Use which can be found at [www.raildeliverygroup.com/rst/conditions-of-issue-and-use](http://www.raildeliverygroup.com/rst/conditions-of-issue-and-use) .
* I further understand that Rail Staff Travel’s privacy information is available online at [www.raildeliverygroup.com/rst/rst-privacy](http://www.raildeliverygroup.com/rst/rst-privacy) and that I have read it
* I understand that any attempt to obtain, use or request refunds for rail staff travel facilities fraudulently may result in disciplinary action and/or legal proceedings and/or permanent withdrawal of all rail staff travel facilities for myself and all of my dependants.
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| Date | Enter date you Signed |
| Employee’s Signature: | Insert Signature Here |

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| **Authorised by RST** |
| RST Name | Enter RST Name | Date Authorised | Enter date Authorised |
| RST Authorisation Stamp | Insert RST Stamp Here | Sum Due - £ | Amount |
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