MILEAGE AND EXPENSE CLAIM FORM

Important all fields must be completed: failure to do so will result in the form being returned and a delay in payment

ANNEX 2

NOTES:

1. Receipts must be attached for all subsistence claims, parking fees, tolls (exc. Severn Bridge), rail fares, bus fares, fuel (a VAT receipt must be attached) and taxi fares.
2. Officers travelling abroad must agree expenses payable etc. with their Director etc. in advance.
3. Each Claim Form must be restricted to one type of allowance e.g. own car or leased car etc.
4. The Payroll Section will pay properly certified claims and will apply the appropriate rates to the number of miles claimed etc.
5. Columns 6 or 7 should only be used for journeys to destinations outside CCS/NPT. If a rented or pool car is ACTUALLY used, claim only for fuel purchased. For own-car journeys enter miles travelled and fixed amounts claimable.
6. The home address must correspond with the driving licence, vehicle documents and the Council's HR records
7. In Column 2 the please enter one of the following Expense types: Mileage, Breakfast, Evening Meal, Tea, Training Course, Car Parks, Tolls, Overnight stay London, Overnight stay outside London, Travel by Air, bus, Rail or Taxi.

1	2	3		4	5	TRAVEL OUTSIDE CCS/NPT 6		7		8
DATE	EXPENSE TYPE **(Please see note 7)**	FULL DETAILS OF JOURNEY Location From	Location To	**PURPOSE OF JOURNEY**	MILES **(In County mileage only)**	RENTED CAR Miles	Fuel £	OWN CAR Miles	Fuel (£) fixed	EXPENSE AMOUNT £'s

REMEMBER TO ATTACH V.A.T. RECEIPTS

OPENING MILEAGE READING		TOTALS ABOVE	
CLOSING MILEAGE READING		TOTALS OVERLEAF	
TOTAL MILES TRAVELLED IN MONTH (LEASED CARS ONLY)		TOTALS C/F (if applicable)	
Please insert Payroll No below		**FINAL TOTALS**	

Please tick boxes if any details are different from previous claim

Type of Allowance (tick one) ☐
Car, Leased Car, Motorcycle, Cycle

Month of _____ 20 _____ ☐

Fixed Centre _____ ☐

Vehicle Reg. No _____ C.C. _____ ☐

Fuel Type: Petrol/Diesel/LPG *(select one)* ☐

Name: Mr/Mrs/Miss/Ms _____ ☐

Home Address _____ ☐

_____ Postcode _____

Contact No _____ ☐

Department _____ Designation _____ ☐

I certify that this claim is correct and in accordance with the regulations relating to travelling expenses, subsistence allowances and motor car/cycle allowances, in particular:

1. The mileage stated above does not include any private mileage.
2. The mileage claimed for any journey starting or finishing at home during normal office hours is the extra distance (compared with home to fixed centre)
3. I do not have a leased car. I do have a full current driving licence and the vehicle is insured for business use, is roadworthy and has a current MOT certificate.
4. Subsistence claims are made in Accordance with the regulations relating to times, and exclude sums claimable from other bodies.
5. My licence etc. has been examined and I have not received any penalty points or endorsements since that date.
6. I am authorised to drive as part of my job.

Signed: _____ (Claimant) Date: _____

I certify that the amounts and allowances claimed are properly payable in accordance with the relevant rules and regulations of the Council.

Supervisor: _____ Date: _____

PLEASE COMPLETE IF CHANGE OF FINANCIAL CODE

HOS		COST CENTRE		PROJECT	

DEPARTMENTS USE ONLY

CHECKED		AUTHORISED	

						TRAVEL OUTSIDE CCS/NPT				
1	2	3		4	5	6		7		8
DATE	EXPENSE TYPE **(Please see note 7)**	FULL DETAILS OF JOURNEY		**PURPOSE OF JOURNEY**	MILES **(In County mileage only)**	RENTED CAR		OWN CAR		EXPENSE AMOUNT £'s
		Location From	Location To			Miles	Fuel £	Miles	Fuel (£) fixed	