

Mileage, subsistence and expenses claim form

Please see notes and conditions on reverse of this form.



Employee Reference no (as on Pay advice Slip) THIS FIELD MUST BE COMPLETED	Month	Year	Vehicle registration of vehicle to which this claim relates	Relocation miles/fare claim Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	F E B 2 0 1 3			

Initials: KG Surname: LAVERY Service: CHIEF EXECS Vehicle: Car M/cycle P/cycle Travelling base: NCH

Date	Start time	Details of route Include start and finish points, using additional lines as necessary	Finish time	Milometer reading		Miles claimed		Passenger miles	Receipted subsistence £	Receipt expenses (non taxable) £	Receipt expenses (taxable) £	Please give full details of (using additional lines as necessary) • subsistence and accommodation claims • other expenses (including public transport, course fees etc) • attach receipts where required • names of passengers • reason for journey
				Start	Finish	Duty	Taxable					
07/02/13	05:30	New County Hall to New quay	06:00			16						Flight to London (Meeting with MP and SOLACE dinner)
08/02/13	10:00	Newquay Airport to New County Hall	10:30			16						Return Journey from Newquay Airport to New County Hall
11/02/13	05:30	New County Hall to New quay	06:00			16						Flight to London (Association of County Chief Executives meeting)
12/02/13	10:00	Newquay Airport to New County Hall	10:30			16						Return Journey from Newquay Airport to New County Hall
20/02/13	15:00	New County Hall to New quay and return	18:30			32						Meeting with Danny Alexander MP in Newquay
		Monthly BT Bill (February)									41.45	Line rental and Broadband
						96					41.45	

Vehicle details Complete this section if it is the first claim since April 2010 or if it is the first claim for the vehicle

Cubic capacity (as on reg. document) Make Model

First year of registration: Fuel type: Diesel Petrol CO2 emission:

Is this your main vehicle? (Y/N) Are you the main user of this vehicle? (Y/N)

If you are no longer the owner of the vehicle for which your last claim was made, please enter registration number of that vehicle here:

I certify that the above details are correct, the expenses claimed were actually and necessarily incurred and receipts are attached. I also certify that my vehicle was used in accordance with the conditions overleaf and authorise the Council to make checks with the DVLA as may be required.

Signed _____ Date _____

page 1 of 1

Items to be completed by the administrative officer or clerk

Final milometer reading	Duty miles	Taxable miles	Subsistence	Expenses	Passengers	VAT
Mileage rate code						
	Total for special sun coding				Sun code	
User type						
Totals and relevant details checked by						
Initials	Date					
Input	Initials					
Claim approved	Date	Name (in capitals)				
Signature					Designation	