

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	
0 1 T M				A U G		2 0 1 1								Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Initials: KG		Surname: LAVERY		Service: CHIEF EXECS				Vehicle: Car <input checked="" type="checkbox"/>		M/cycle <input type="checkbox"/>	P/cycle <input type="checkbox"/>	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								
4.8.11	11.30	NCH to Fifteen, Watergate Bay, TR8 4AA and return	14.30	11310	11345	35						Meeting with Directors of Fifteen			
31.8.11	15.30	NCH to Sedgemoor, St Austell and return	16.30	12522	12555	32						Meeting with Steve Moore, PCT, Sedgemoor,			
31.8.11		BT bill for Aug									41.90	Line rental/Broadband			
Final milometer reading				12569	67						41.90				
Totals claimed / carry forward to next page															

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 <input type="checkbox"/>	Petrol <input type="checkbox"/>	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	