

# Mileage, subsistence and expenses claim form

Please see notes and conditions on reverse of this form.



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

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) <ul style="list-style-type: none"> <li>• subsistence and accommodation claims</li> <li>• other expenses (including public transport, course fees etc)</li> <li>• attach receipts where required</li> <li>• names of passengers</li> <li>• reason for journey</li> </ul>	
				Start	Finish	Duty	Taxable						
17.01	17.30	NCH to St Austell to Home	21.00	3583	3626	43 (-11)						Dinner at The Cornwall Hotel- Vice-Chancellor, Plymouth Uni	
24.01	14.00	NCH to John Keay House, St Austell to Home	18.30	3798	3841	43 (-11)						Cornwall College Seminar	
25.01	17.00	NCH to Ladock to Home	22.30	3853	3882	29 (-11)						Pick up point for meeting in Plymouth with Chief Const	
27.01	08.30	Home to Redruth to NCH	11.00	3929	3949	20 (-11)						HR Conference, Penventon Hotel	
				Final milometer reading	4014	91							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  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:

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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 \_\_\_\_\_

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**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					
<b>Claim approved</b>	Date	Name (in capitals)				
Signature					Designation	