| Occupancy Reference (from payslip) |
| --- |
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(Must be completed)

Name of school **or** council department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses Claim Form - Mileage, Travel and Subsistence**

* Please use capitals to complete this form clearly and fully**. All information asked for is required** - incomplete forms will be returned without payment.
* Rule through unused lines and **attach receipts** to the **back** of the form**.**
* Submit claims on a monthly basis to be received in Payroll, Apex House, 30-34 Upper George Street, Luton, Beds. LU1 2RD by the 6th of the month.
* Note: please list training related expenditure in the specified lines at the end of the claim,
* Note: Rail travel, hotels and flights should be arranged through LBC’s Online Travel Booking System – see Intranet.
* For guidance about claiming - see the Council’s Travel and Subsistence Scheme, and Vehicle Allowance Scheme on the Intranet.

Name (as on payslip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of transport : Car / motorbike / bicycle (delete as appropriate)

Car or motorbike engine capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fuel type: Petrol / Diesel / LPG (delete as appropriate)

| Date | Time | Journey details | Reason eg. meeting, training,  | No. of passengers (excluding driver) | Miles | Public transport fare | Subsistence | Other expenses eg. books, car park, out of pocket, tolls | Receipts attached Y/N |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Depart | Return | From | To | Cost | Item (For tolls, indicate using T-M6, T-Severn, T-Clifton, or T-Dartford) |
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|  |  |  |  |  |  |  |  | : | : | : |  |  |
| Date | Time | Journey details | Reason eg. meeting, training,  | No. of passengers (excluding driver) | Miles | Public transport fare | Subsistence | Other expenses eg. books, car park, out of pocket, tolls | Receipts attached Y/N |
| Depart | Return | From | To | Cost | Item |
|  |  |  |  |  |  |  |  | : | : | : |  |  |
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|  |  |  |  |  |  |  |  | : | : | : |  |  |
| NON-TRAINING EXPENDITURE TOTALS |  | : | : | : |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Training |  |  | : | : | : |  |  |
|  |  |  |  |  | Training |  |  | : | : | : |  |  |
|  |  |  |  |  | Training |  |  | : | : | : |  |  |
|  |  |  |  |  | Training |  |  | : | : | : |  |  |
|  |  |  |  |  | Training |  |  | : | : | : |  |  |
| TRAINING EXPENDITURE TOTALS |  | : | : | : |  |  |

MANAGER - I certify that:

* the journeys and expenditure detailed above were all necessary and authorised for the purpose of carrying out official duties of the Council;
* the mileage claimed is applicable to these journeys;
* valid VAT petrol receipts are attached, and:
* valid receipts for all other expenses are attached where required.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager: please strike through all unused lines on this form.**

CLAIMANT - I confirm that the details of these expenses are correct and that I was authorised to make these journeys and purchases for the purposes of carrying out the duties of the Council.

If claiming for mileage I confirm that I have:

* a valid insurance policy with business cover
* an MOT certificate if the vehicle is over three years old
* have paid the appropriate amount of road tax
* a valid driving licence that is appropriate for the motor vehicle I drive on Council business

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For manager to complete. All claims will be charged to home cost code. If you require a different code, please insert here: