

Travel and Expenses Claim Form

Full Name

Job Title

Team Name

Assignment No. (e.g. 12345-6)*

*providing an incorrect number will delay your claim

Car Engine Size (CC)

PLEASE NOTE: Coloured or shaded areas **must** be completed or your claim will be returned to you for completion, before your claim can be processed. All mileage claims **must** have valid VAT receipts for fuel purchased attached. There are no exemptions to this rule. Return this form to; HR Administration, HRSC, Shire Hall, Warwick, CV34 4RL/email hbrandpayroll@warwickshire.gov.uk

Date	Details Of Journey	Miles (no part miles)	Redeploy. Miles	Parking	Rail Fares	Bus Fares	Phone Calls	Phone Rental	Taxi Fares	Subsistence	Professional Fees	Other e.g. eye tests, toll charges etc
			E3320	E2303	E2304	E2302	E2306	E1331	E2316	E2305	E2400	
Total for this Sheet												
Cost Centre Details*												
*if you wish this claim to be charged to a different cost centre to that of the employee's salary then please provide details here.												
Cont. Sheet 1:												
Cont. Sheet 2:												
Total This Period												

Employee Declaration

- I have read and comply with the Travel Code of Conduct and the journeys recorded above are correct in every respect, including that I have checked the mileage claim against the appropriate mapping website
- I have actually and necessarily expended the amounts claimed, the journeys were necessarily undertaken by me in the performance of my official duties and I was necessarily absent from my normal place of work during the time for which expenses have been claimed.
- The vehicle used for which mileage is claimed is insured for business use and has a valid MOT certificate.
- I have a valid driving licence and have read and comply with the Driving at Work Policy and relevant supporting guide.

Signed

Dated

Manager Declaration

I hereby certify that the amounts claimed are in accordance with claimants Conditions of Service and Council rules and are correct for payment in accordance with Financial Regulations. I Authorise that the cost of this claim is to be paid and charged to the appropriate cost centre and codes.

Full Name

Job Title

Signed

Dated

Travel and Expenses Continuation Sheet 1

Full Name

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Assignment No. (e.g. 12345-6)*

[illegible]

Travel and Expenses Continuation Sheet 2

Full Name

Assignment No. (e.g. 12345-6)*

[illegible]