

Travel and Expenses Claim Form - Fire and Rescue

Full Name

Job Title

Team Name

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

Car User Type (Casual or Essential)

*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, Shire Hall, Market Place, Warwick, CV34 4RL.

Date	Details Of Journey	Miles (no part miles) Non Taxable	Home to Work Miles Taxable	Fire Service	Parking	Rail Fares	Uniform	Medical	Detached	Subsistence	Professional	Spoilt Meals	Other e.g. toll charges etc
				College Miles									
				E3308	E2303	E2304	E2311	E1301	E2322	E2305	E2400	E2322	
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 - Fire and Rescue - Continuation Sheet 1

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[illegible]

Travel and Expenses - Fire and Rescue - Continuation Sheet 2

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