

Name				Period of time claim relates to				
School				Address				
Vehicle details	Registration mark			Insurance	Company			
	Engine size					Expiry date		
	Make							
	Model							
Date	Times		Details of Journey	Reason for Journey	Business miles	Subsistence Eg: parking charges		
	Dep.	Arr.						
					Totals			

Declaration:
I confirm that the mileage detailed in this claim is actual and necessary to fulfil my duties and does not include any private mileage. I understand that any claim made that is fraudulent will be dealt with in line with the Trusts Disciplinary Policy and will be considered an offence. It your responsibility to ensure that you have the correct level of insurance to cover Business Use. You should provide the Trust / Office Manager with a copy of your valid cover note. Failure to do so will result in a delay in your claim. If you are not correctly insured for Business Use your policy may be invalid in the event of an incident or accident. The Trust accepts no responsibility in the event of such circumstances.

Claimant signature		Director signature	
Received by HR / Office Manager		Sent to payroll on	