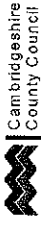


# BUSINESS AND TRAINING JOURNEYS AND RELATED EXPENSES



PLEASE USE A SEPARATE CLAIM FORM FOR EACH JOB, VEHICLE AND CLAIM PERIOD

## SECTION A: To be completed by Claimant - All boxes MUST be completed in this section otherwise claims may be returned

Oracle Payroll Number: [REDACTED] Assignment No.: [REDACTED] Title: M R [REDACTED] Initials: R M [REDACTED] Surname: LLOYD

Registration Number: [REDACTED] Type (Car, Motorcycle, Bicycle): Car C.C.: 2000

Vehicle Status (Please mark appropriate box): EMPLOYEE OWNED  LEASED  FROM 19 / 5 / 2011 TO 18 / 6 / 2011

Make and Model: [REDACTED]

**DECLARATION OF CLAIMANT: Please read carefully before signing this form.** I certify that I hold a current driving licence for the class of vehicle identified on this claim form and a motor vehicle insurance policy which covers me for business use. I agree to maintain the vehicle stated on this claim form in a roadworthy condition and, where applicable, hold a current MOT certificate. I declare that the claim itemised overleaf is a correct record of journeys made on authorised Council business. I claim reimbursement of actual cost incurred for allowance for all eligible expenses when engaged on Council Business.

**IMPORTANT RULE CHANGES:** From 1st April 2006 the HM Revenue Customs require at least one VAT receipt for fuel purchased to be attached to each claim. This receipt MUST pre-date the first journey made. Please ensure that VAT receipts are attached to each claim.

Signature of Claimant: [REDACTED] Date Signed: 23/6/11

## SECTION B: To be completed by Spending Department - Please ensure ALL details have been transferred from Section C

Mileage Related Claims	Number of Passengers	Expenditure Code: Complete only if different from payroll default codes		Number of Miles Claimed
		Cost Centre	Objective	
Business Mileage	1			33
Business Mileage				160
Business Mileage				
Training Mileage				
Motorbike / Bicycle				
<b>TOTAL MILEAGE CLAIMED</b>				<b>193</b>

**EMPLOYEE**  
**24 JUN 2011**  
**EXPENSES**

Allowances / Expenses Related Claims	Expenditure Code: Complete only if different from payroll default codes		NET Total	V.A.T.		TOTAL
	Cost Centre	Objective		£ : p	£ : p	
Sandwich Allowance - Number 0 @ £ 3.07						0.00
Received Subsistence - with VAT						
Received Subsistence - No VAT						19.60
Parking						
Other - State Type						
Other - State Type						
<b>TOTAL ALLOWANCES CLAIMED</b>						<b>19.60</b>

**CERTIFIED FOR PAYMENT AS CORRECT AND LAWFUL**

Section B completed by (PRINT NAME): N DAVE Telephone Number: [REDACTED]

Signature of Authorising Officer: [REDACTED] PIN Number: [REDACTED] Date Signed: 23/6/11

