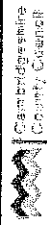


# BUSINESS AND TRAINING JOURNEYS AND RELATED EXPENSES



PLEASE COMPLETE THIS 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 Make and Model: [REDACTED]

Vehicle Status (Please mark appropriate box): EMPLOYEE OWNED  LEASED

Claim Period: FROM 19 / 3 / 2011 TO 18 / 4 / 2011

**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: 12/4/11

## 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				83
Business Mileage			The subjective codes are no longer held or can be changed by Employee Expenses	
Business Mileage				
Training Mileage				
Motorbike / Bicycle				
<b>TOTAL MILEAGE CLAIMED</b>				

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						
Parking						
Other - State Type						
Other - State Type						
<b>TOTAL ALLOWANCES CLAIMED</b>						

Section B completed by (PRINT NAME): [REDACTED]

Telephone Number: [REDACTED]

CERTIFIED FOR PAYMENT AS CORRECT AND LAWFUL

Signature of Authorising Officer: [REDACTED]

PIN Number: [REDACTED]

Date Signed: 20/4/11

