BUSINESS AND TRAINING JOURNEYS AND RELATED EXPENSES

Cambridgeshire County Council

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	Assignment No.	Title	Initials	Surname
1 3 9 9 6 2		M R	R M	LLOYD

Registration Number	Type (Car, Motorcycle, Bicycle)	C.C.	Make and Model
[redacted]	Car	2000	[redacted]

Vehicle Status (Please mark appropriate box)				Claim Period							
EMPLOYEE OWNED	x	LEASED		FROM	19	/ 9	/ 2011	TO	18	/ 10	/ 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	9/10/11.

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	Subjective	Objective	
Business Mileage			The subjective codes are no longer held or can be changed by Employee Expenses		43
Business Mileage					
Business Mileage					
Training Mileage					
Motorbike / Bicycle					
			TOTAL MILEAGE CLAIMED		43

Allowances / Expenses Related Claims				Expenditure Code: Complete only if different from payroll default codes			NET Total	V.A.T.	TOTAL
				Cost Centre	Subjective	Objective	£ : p	£ : p	£ : p
Sandwich Allowance - Number	0	@	£ 3.07		The subjective codes are no longer held or can be changed by Employee Expenses				0.00
Receipted Subsistence - with VAT									
Receipted Subsistence - No VAT									
Parking									
Other - State Type									
Other - State Type									
						TOTAL ALLOWANCES CLAIMED			

Section B completed by (PRINT NAME)	P HARDING	CERTIFIED FOR PAYMENT AS CORRECT AND LAWFUL	PIN Number	Date Signed
Telephone Number	[redacted]	[redacted] Signature of Authorising Officer	[redacted]	19/12/11

SECTION C: DETAILS OF TRAVELLING ALLOWANCES AND EXPENSES CLAIMED

Home Address	[redacted]	Home to Work Mileage - 1 Way	3	Office/Work Address	Shire Hall, Cambridge

Details of Journeys and Allowances / Expenses Claimed. Please state the start and finish points and the purpose of each journey. Specify expenses claimed and attached receipts where applicable.

Date	Start Time	Finish Time	Starting Place - Place(s) Visited - End Destination - Purpose	No. of Passengers	Mileage Claimed: Total Miles	LESS Home to Work Miles	Business Miles	Training Miles	M/Bike or Bicycle	Sandwich Allowance	Other Expenses: Receipted Subsistence	Parking	Other - including Fares
05.10.11	8.45	13.30	Home - Harston - Shire Hall (Localism Event)		11	3	8						
06.10.11	13.30	18.00	Shire Hall - East Cambs DC -Home (CPSB Mtg)		36	3	33						
10.10.11	12.00	14.30	Shire Hall - Jesus College - Shire Hall (Rising of Cambs Crown Court)		2		2						
			Total of this Sheet		49	6	43	0	0	0	0.00	0.00	0.00
			Total of Continuation Sheet		0	0	0	0	0	0	0.00	0.00	0.00
			Total of all Sheets (to be transferred to Section B of Claim Form by Authorising Department)				43	0	0	0	0.00	0.00	0.00

SECTION D: AUTHORISING DEPARTMENTS USE ONLY

Total Business Miles this Claim		Journeys / Other Expenses Verified and Approved by:
Miles to End of previous Claim		[redacted]
Total Miles this Financial Year	0	

When ALL Sections (A to D) have been fully completed and the claim Authorised for payment, please send claims to Employee Expenses, RES 1505, Shire Hall, Castle Hill, Cambridge CB3 0AP