

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: 1 3 9 9 6 2
 Assignment No.: [] Title: M R []
 Registration Number: [] Type (Car, Motorcycle, Bicycle): Car
 C.C.: 2000 Make and Model: []

Vehicle Status (Please mark appropriate box):
 EMPLOYEE OWNED LEASED
 FROM 19 / 8 / 2011 TO 18 / 9 / 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: [] Date Signed: 19/10/2011

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		Subjective	Objective	Number of Miles Claimed
		Cost Centre	Subjective			
Business Mileage						110
Business Mileage						
Business Mileage						
Training Mileage						
Motorbike / Bicycle						
TOTAL MILEAGE CLAIMED						110

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

Section B completed by: PHARINDY
 Telephone Number: []
CERTIFIED FOR PAYMENT AS CORRECT AND LAWFUL
 Signature of Authorising Officer: [] PIN Number: [] Date Signed: 19/10/11

SECTION C: DETAILS OF TRAVELLING ALLOWANCES AND EXPENSES CLAIMED

Home Address	Home to Work Mileage - 1 Way	3	Office/Work Address	Shire Hall, Cambridge
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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					Other Expenses		
					Total Miles	LESS Home to Work Miles	Business Miles	Training Miles	MBike or Bicycle	Sandwich Allowance	Receipted Subsistence	Parking

31.08.11	9.00	13.30	Shire Hall - Alconbury- Shire Hall (Alconbury tour&mtg with MD/Chairman)		34		34											
01.09.11	13.30	18.30	Shire Hall - Chatteris- Shire Hall (CPSB mtg)		44		44											
02.09.11	11.30	14.30	Shire Hall - Hunts DC - Shire Hall (David Monks Farewell event)		32		32											

Total of this Sheet					110	0	110	0	0	0	0	0.00	0.00	0.00	0.00			
Total of Continuation Sheet					0	0	0	0	0	0	0	0.00	0.00	0.00	0.00			
Total of all Sheets (to be transferred to Section B of Claim Form by Authorising Department)					110	0	110	0	0	0	0	0.00	0.00	0.00	0.00			

SECTION D: AUTHORISING DEPARTMENTS USE ONLY

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