TRAVEL EXPENSES CLAIM FORM - (EXCLUDING LEASE VEHICLES MILEAGE)

Claim form only to be used by staff who are on the AfC expenses rate. Month Ending CAR DETAILS PAYROLL USE ONLY Year Surname Forename Tel. No Make Month Post Held Dept. Assignment No Model Input Date Cubic Cap. Initials Home Return mileage between home and base Total Paid Reg. No. Address PRINT CLEARLY AND NOTE THE ABOVE SECTIONS NEED TO BE FULLY COMPLETED, FAILURE TO DO SO MAY DELAY PAYMENT 2 3 1 5 DATE NATURE OR REASON FOR VISIT **DETAILS OF JOURNEY** CALCULATION **CLAIMED MILES** OTHER EXPENSES e and return, i mileage (b) P - Parking Amount distance (b) = C[e.g. meeting etc] Reimbursable Miles IF ON CALL / RETURN TO WORK - Taxi No. of Receipts Rate PLEASE SPECIFY - Rail Receipts must be (STARTING POINT, PLACES VISITED AND FINISHING POINT INCLUDING POSTCODES) The names of any passengers claimed for should be included Other -Please £ below - staff only specify TOTALS 0 PLEASE RULE OFF AFTER LAST ENTRY 0 0 **EMERGENCY CALL OUT DECLARATION** I have read and agree to the conditions stated in the declaration 'comment' above. (See 9 overleaf)

AUTH SIG NUM.....

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PRINT NAME.....