

Leicestershire County Council – Expense Claim Form

Please complete ALL details, or the claim will NOT be processed. Is this your first claim? Yes / No

User Number		NI Number		Initials		Surname	
User Type	Vehicle Type	Claim start date	Claim end date	Mileage Totals from Overleaf	Vehicle Reg	Vehicle c.c.	Expenditure code
				P11D Actual			
				Official			
				Taxable			
				Disturbance			

Non mileage Expenses	Claim Amount £	p	VAT (Y/N)	Taxable (Y/N)	Expenditure code	Notes
Car Parking						<p>Taxable mileage - totals refer to all normal commute mileage which is taxable. Eg when an employee is required to attend their normal workplace on a day when they would not normally attend work.</p> <p>Disturbance mileage – is recorded separately on the form even though it is taxable, as it is paid at a different rate.</p> <p>VAT – You need to indicate if you have a VAT receipt by entering ‘Y’ or ‘N’ in the VAT column.</p> <p>Taxable non-mileage – In most cases non-mileage expenses will be non-taxable, however, if the expenses are approved without a receipt the expense will be taxable and you should enter a ‘Y’ in this column.</p>
Meals						
Bus Fares			N			
Train Fares			N			
Taxi Fares			N			
Disturbance Fares			N	Y		
Hotel & Accommodation						
Childcare Fees						
All Other Expenses						

Department	Approved Base	Home Address (inc postcode)
Job Title:		

I certify that: a) Mileages claimed have been necessarily incurred solely on the service of the County Council. b) Where subsistence expenses are claimed, additional expenditure has been incurred above normal outlay. c) Vehicle details are correct and relate to the vehicle used throughout the period covered by the claim. d) My insurance policy covers use on business and indemnifies the County Council against third party claims. **e) I do not have access to a computer and/or iExpenses. f) Relevant receipts are attached.**

Signature of Claimant *Print Name* *Date*

I certify that: The amounts claimed are within the scale of allowances authorised and that the journeys made and times for subsistence are reasonable.

Signature of Line Manager *Print Name* *Date*

