



# CAR MILEAGE & EXCESS TRAVEL TIME CLAIM FORM

This form should only be completed by employees that fall within the remit of the disturbance allowance policy and have received written confirmation.

Please complete **all sections**, failure to do so may delay payment. Completed forms must be received by payroll by the 6th of the month.

### Claim Details

Name: \_\_\_\_\_ Payroll No: \_\_\_\_\_  
 Claim Period: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Casual  Essential  Lease  Car Registration: \_\_\_\_\_  
 Fuel Type: \_\_\_\_\_ Engine Size (cc.): \_\_\_\_\_  
 Make & Model of Car: \_\_\_\_\_ Approved CO<sub>2</sub> Emission (g/km): \_\_\_\_\_

### Excess Travelling Expenses

Daily Excess Travel Allowance:  (The total distance from home to new contractual office base less the total distance from home to old contractual office base)  
 Number of days attending new base:  Insert number of days attended for this period  
 Total mileage claimed:  Daily allowance multiplied by number of days

### Excess Travelling Time

Daily Excess Travel Allowance	Daily Allowance (1st April 2009)					
	1st Yr	No. Days	2nd Yr	No. Days	3rd Yr	No. Days
10-19 miles	£1.58		£1.22		£0.91	
20-29 miles	£2.53		£2.24		£1.92	
30-39 miles	£3.42		£3.01		£2.76	
40-50 miles	£4.26		£3.94		£3.65	
<b>Total Claim:</b>	<b>£</b>		<b>£</b>		<b>£</b>	

### I certify that

- I held a full & current UK driving licence through the period claimed. I am not disqualified & no prosecutions are pending. I have no medical conditions that prevent me from driving.
- My motor insurance policy is extended to include business use. (Your policy must indemnify the Council against third party claims whilst travelling on business, which may include attending courses, and working at or visiting another site. If transporting goods, your Insurer may require separate notification).
- My vehicle is roadworthy. If over three years old, it is covered by a valid MOT certificate.
- My vehicle has a valid road fund licence.
- The mileage shown above was calculated in accordance with the conditions laid down in the Disturbance Allowance Policy.

**Managers must check insurance certificates, driving licences and MOT certificates at least annually; retain photocopy evidence & record dates of checks.**

Signed: \_\_\_\_\_ (Employee) Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ (Authorised Officer) Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ (Authorised Officer)



# PUBLIC TRANSPORT & EXCESS TRAVEL TIME CLAIM FORM

This form should only be completed by employees that fall within the remit of the disturbance allowance policy and have received written confirmation.

Please complete **all sections**, failure to do so may delay payment. Completed forms must be received by payroll by the 6th of the month. Attach all receipts to the back of this form.

### Claim Details

Name: \_\_\_\_\_ Payroll No: \_\_\_\_\_

### Excess Travelling Expenses for Public Transport

Daily Excess Travel Allowance:

(The cost of a standard class ticket from home to the new contractual office base less the cost of a standard class ticket from home to the old contractual office base)

Number of days attending new base:

Insert number of days attended for this period

Total Claim:

Daily allowance multiplied by number of days

I have attached the VAT receipts for the individual public transport journeys I am claiming for:

I have attached a season ticket which covers the period for which I am claiming:

### Excess Travelling Time

Daily Excess Travel Allowance	Daily Allowance (1st April 2009)					
	1st Yr	No. Days	2nd Yr	No. Days	3rd Yr	No. Days
10-19 miles	£1.58		£1.22		£0.91	
20-29 miles	£2.53		£2.24		£1.92	
30-39 miles	£3.42		£3.01		£2.76	
40-50 miles	£4.26		£3.94		£3.65	
<b>Total Claim:</b>	<b>£</b>		<b>£</b>		<b>£</b>	

### I certify that

- I have actually paid the travel fares as detailed above.
- The mileage shown above was calculated in accordance with the conditions laid down in the Disturbance Allowance Policy.

Signed: \_\_\_\_\_ (Employee) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Authorised Officer) Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Authorised Officer)