

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.

		Clain	n Details							
Name:			Payroll No:							
Claim Period:	eriod: Date Submitted:									
Casual 🗌 E	Essential Lease Car Registration:									
Fuel Type:	iel Type: Engine Size (cc.):									
Make & Model of Car:	-									
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	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 Total Claim:	£4.26		£3.94		£3.65					
Total Claim.	L L		L		L					
 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 form driving. My motor insurance policy is extended to include business use. (Your policy must indemnify the Council again third party claims whilst travelling on business, which may included 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: (Em		_ (Employee	ee) Date:							
Signed:			_ (Authorise	d 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									
N	Name: Payroll No:								
	Excess Travelling Expenses for Public Transport								
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 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									
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	1st Yr	No. Days	2nd Yr	No. Days		No. Days		
	10-19 miles	£1.58	110. Baye	£1.22	140. Bayo	£0.91	110. Bayo		
	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			
	Total Claim:	£		£		£			
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.									
Si				_(Employee	e)	Date:			
Si					ed Officer)	Date:			
Pı	sint Names.					(Authorised	Officer)		