

Important

Please complete both sides of the form and forward the form for coding and departmental authorisation in time for it to reach the Leasing and Expenses Team, HCC, The Castle, Winchester, SO23 8UB (Courier Route 101) by the 1st working day of the month.

Personnel number

(See last pay advice for related job)

National Insurance number

Full name

Post held

Full work address

Telephone or e-mail

Below dates should be first and last dates of travel (col 1)

Claim dates: From **DD MM YYYY** To **DD MM YYYY**

Please retain your receipts and do not forward them to the Leasing and Expenses team

Please complete this section only if this is your first claim or if you have changed your vehicle since making your last claim.

c.c.

Reg. no.

Date of change

Summary of claim

Totals from columns 5 to 12 overleaf		£	p	Cost Centre	SIO
col 5	Business miles at	p			
	Business miles at	p			
col 6	Miles for tax purposes				
col 7	Taxable business miles at	p			
col 8	Passenger miles at	p			
col 9	Non vatable expenses				
col 10	Vatable expenses				
col 11	Non vatable subsistence				
col 12	Vatable subsistence				
	Cycle allowance				
	Essential user lump sum				
	Attendance/call-out (lease cars only)				
	Total of Claim				

Declarations

Claimant

I certify that the journeys, mileage and expenses I am claiming are accurate and were necessary for business purposes. I hold a full current driving licence and at least a third party insurance policy, including cover for business mileage and passengers, relating to the vehicles used for these journeys. The vehicles are roadworthy and where required have a valid MOT certificate. *I confirm that I hold and will retain appropriate VAT receipts for (a) the purchase of fuel and (b) those expenses which include VAT. Receipts for other expenses will also be retained.*

Authorisation

All the journeys shown in this claim were authorised and are reasonable.

Signature of claimant _____

Date _____

Checked by _____

Signature of authorising officer _____

Please print name _____

Date _____

