



CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES

ESSENTIAL	ESSENTIAL UNRESTRICTED	OTHER (specify)
CASUAL	CASUAL UNRESTRICTED	

CLAIM No. (for Payroll use only)

CLAIMS SHOULD BE MADE **MONTHLY** AND PASSED TO YOUR EMPLOYING DEPARTMENT IMMEDIATELY FOLLOWING THE LAST DAY OF THE MONTH.

Month Ending: ____ / ____ / ____

Make of Car: Reg. No.: C.C.:

Home Address:

..... Postcode:

Please tick NAME (BLOCK CAPITALS).....

Workbase:

Miles from home to normal workplace.....

Post Number: (see payslip)

Payroll Ref: (see payslip).....

Date	(i) Start time			1st place visited	Subsequent calls	Purpose of Journey	(vi) Finish Time		(vii) Miles Claimed		Miles actual	(ix) Expenses	
	(ii) home		(iii) office				home	office	busin.	other		£	Details
	<10	>10	(x) (receipts must be attached)										
Brought Forward Totals													
Grand Totals													
										A	B	C	

CERTIFICATE OF CLAIMANT

- I certify that:
- (1) The journeys set out on this form were actually and necessarily made in carrying out my official duties and the mileage stated is in accordance with official regulations.
 - (2) Additional expenditure has been incurred on meals for which an allowance is claimed.
 - (3) Public Transport has been used when appropriate and expenditure claimed for this does not exceed actual expenditure.
 - (4) Car, travelling and subsistence allowances claimed are in accordance with the rates and conditions approved by Shropshire Council, which includes a requirement for the vehicle concerned to be insured for business use by me and that I hold a valid driving licence.

Signature of Claimant: Date: Signature of Approving Officer: Payroll Ref: Date:

Payroll Ref:	Engine CC	A miles	B miles	C miles	User type	SAMIS CODE	Analysis code 1	An code 2

EXPENSES	Payroll Ref:	Expenses code	Amount	SAMIS CODE	Analysis code 1	An code 2

Certified correct in accordance with financial regulations: Payroll Ref: Date:

