**Travel Expenses and Subsistence Allowance Claim Form**

|  |
| --- |
| **Name:** |
| **National Insurance No:** |
| **School:** |
| **Car Registration Number:** |
| **Make & Model:** | **Cubic/Capacity:** |
| **Period of Claim:** **to** |  |
| **Date** | **Details of Journey & Purpose** | **Miles** | **Expenses Code** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

You must not use your own car on school business unless your current insurance policy provides cover for such use.

I certify that the total expenses claimed hereon relate to School business. In claiming these amounts for the use of the above-mentioned motor vehicle, I confirm that I hold a current policy of motor insurance permitting me to use the vehicle on School business.

Signature of Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorising Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_