**Logo, company name

Description automatically generatedTravel Expenses and Subsistence Allowance Claim Form**

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| --- | --- | --- | --- | --- |
| **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** |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_