

EMPLOYEE MILEAGE CLAIM FORM

Before embarking on a journey ask yourself - Is the journey really necessary and if so would it be more appropriate to use public transport?

NOTES FOR GUIDANCE

- This form should be used to claim mileage payments, fares, parking fees and subsistence allowances.
- Before undertaking official journeys** for work you must read and comply with the employees' guide 'Important information on using your car for official journeys and claiming mileage and subsistence expenses' available from your departmental personnel officer or on the Council's website at www.derbyshire.gov.uk/payparticulars and on Dnet. For any queries on vehicle licencing and health standards, you should contact the DVLA at www.dvla.gov.uk.
- Subsistence payments can only be made tax-free when the official duty is more than 5 hours' duration and more than 5 miles from base and you have a receipt for the full value of the expenditure incurred and claimed.
- Checks will be performed** on mileage, subsistence claims and documentation. Overclaiming may constitute a disciplinary offence and amounts overclaimed will be recovered.

I CERTIFY THAT:

- I have a current full licence to drive the vehicle used and I have valid insurance; this covers me for business use and indemnifies my employer against third party claims.
- My vehicle is taxed, has a valid MOT certificate (if older than 3 years) and is in a roadworthy condition. I do not have any physical or mental disability/condition which affects my fitness to drive or take any drugs or substances which could impair my ability to drive.
- The journeys claimed were necessary to enable me to perform my duties and were so arranged that a minimum of expense was incurred, consideration was given to time and travel management so as to avoid driver related fatigue and stress.
- The amounts claimed are accurate and I have actually incurred expenditure on meals for which subsistence allowances are claimed.
- I have retained a VAT receipt for all mileage claims.

SIGNED: _____ DATE: _____

NAME								EMPLOYEE NUMBER									
This must be completed																	
DEPARTMENT								POST									
TYPE OF ALLOWANCE - SINGLE STATUS /CASUAL/OTHER (please specify):-																	
VEHICLE DETAILS																	
Make & Model																	
Registration No.																	
Engine Size (cc)																	
Fuel Type	Petrol	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	LPG	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Petrol Hybrid	<input type="checkbox"/>	Diesel Hybrid	<input type="checkbox"/>					
Tick box if vehicle details have changed since last claim & enter a Date of Change											<input type="checkbox"/>	Date of Change					
HOME ADDRESS							BASE ADDRESS										
Tick box if home address changed since last claim											<input type="checkbox"/>	Tick box if base address changed since last claim					<input type="checkbox"/>

TOTALS CLAIMED	OFFICIAL MILEAGE	TAXABLE MILEAGE

SUBSISTENCE		FARES & CAR PARKING	
Taxable	Non-Taxable		
£ -	£ -	£ -	

NUMBER OF PASSENGERS	NAME	MILES CARRIED

COST CENTRE						AMOUNT

JOURNEYS APPROVED	
CALCULATIONS CHECKED	
AUTHORISED FOR PAYMENT	

