

## **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

- 1 This form should be used to claim mileage payments, fares, parking fees and subsistence allowances.
- 2 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.
- 3 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.
- 4 Checks will be performed on mileage, subsistence claims and documentation. Overclaiming may constitute a disciplinary offence and amounts overclaimed will be recovered.

NAME			This must be completed											
SCHOOL NAME				POST										
TYPE OF ALLOWAN	CE - SINGLE STAT	US /CASUAL/OTHEF	R (please specify	/):-										
			VEH	HICLE DE	ETAILS									
Make & Model														
Registration No.														
Engine Size (cc)														
Fuel Type	Petrol	Diesel	LPG		Electric	] Pe	etrol Hyb	rid			Diesel	Hybrid		
Tick box if vehicle d	letails have changed Date of Chang	l since last claim & e ge	nter a	Dat	e of Change									
HOME ADDRESS		BASE ADDRESS												
Tick box if h	home address chang	ed since last claim			Tick bo	x if base a	address o	changeo	d since	last cla	aim			
TOTALS CLAIMED	OFFICIAL MILEAGE	TAXABLE MILEAGE	]		<u> </u>	Faxable	SUBSIS <sup>-</sup>		Non-Ta	axable	-		RES & ( ARKIN	
NUMBER OF	N	MILES			- 601	ST CENT	RE				AMC	OUNT	$\exists$	



- 1 I have a current full licence to drive the vehicle used and I have valid insurance; this covers me for business use and indemnifies mv emplover against third party claims.
- 2 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.
- 3 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.
- 4 The amounts claimed are accurate and I have actually incurred expenditure on meals for which subsistence allowances are claimed.
- 5 I have retained a VAT receipt for all mileage claims.

SIGNED:

DATE:

CARRIED JOURNEYS APPROVED CALCULATIONS CHECKED AUTHORISED FOR PAYMENT

## **DETAILS OF JOURNEY**

ENTER YOUR DETAILS IN ACCORDANCE WITH THE INSTRUCTIONS OVERLEAF, FOLLOWING THE EXAMPLE SHOWN BELOW

EXAMPLE

DATE	STARTING POINT OF JOURNEY	PLACES VISITED	FINISHING POINT OF JOURNEY			OFFICIAL PASSENGERS	REASON FOR JOURNEY	SUBSISTENCE		FARES & CAR PARKING	OFFICIAL MILEAGE	TAXABLE MILEAGE
				Depart		PASSENGERS		Taxable	Non-Taxable	PARKING		MILEAGE
05/06/2024	MATLOCK	BUXTON AREA OFFICE	MATLOCK	0.35	16:20		MEETING AREA OFFICE		£2.50		10	
								-				1
DATE	STARTING POINT OF JOURNEY	PLACES VISITED	FINISHING POINT	TIMES		OFFICIAL	REASON FOR JOURNEY	SUBSI	ISTENCE	FARES & CAR	OFFICIAL	TAXABLE
			OF JOURNEY	Depart	Return	PASSENGERS		Taxable	Non-Taxable	PARKING	MILEAGE	MILEAGE
				1	1			1	1			1
				1	1			1	1			
					1				1			
				1	1							
				1	1							
			-					+	1			
			-					+	1			
				<u> </u>					1			
				I			CONTINUATION SHEET (FORM CO6(b)/SUMMARY (overleaf	) f	£ -	£ -		0