

**BUSINESS MILEAGE AND SUBSISTENCE / EXPENSES MONTHLY CLAIM FORM**

**Payroll Reference Details (from your payslip)**

| Payroll | PP | Personal No | Surname | Initials | Dates From | To |
|---------|----|-------------|---------|----------|------------|----|
|         |    |             |         |          |            |    |

Home Address: *High Street, High Wycombe*

|  |         |                                 |
|--|---------|---------------------------------|
| Office Base HQ: <i>NHS, High Wycombe</i>     | Dept:   | Falls Team                      |
| Make of Vehicle: <i>Kia Ceed 1.4L</i> Model: | Reg No: | <i>HH 09JJJ</i> CC: <i>1.4L</i> |

**NOTE: ANY TRAINING EXPENSES MUST BE SUBMITTED ON THE BLUE CLAIM FORM**  
**EXCESS MILEAGE MUST BE SUBMITTED ON THE EXCESS MILEAGE CLAIM FORM**

|   |   |
|---|---|
| Have you changed your vehicle since your last claim? YES/NO | If yes, the old vehicle was as follows: |
| Make:   | Model:                                  |
| CC:   | Date you first used your new vehicle:   |

| Date             | Mode of Travel (Car, Motorcycle etc) | Details of Journey  | Emergency Call out | Passenger Miles | Official Miles | Public Transport Fares and Other Expenses (to be detailed with vouchers where applicable) |    |    |
|------------------|--------------------------------------|---|--------------------|-----------------|----------------|---|----|----|
|                  |                                      |   |                    |                 |                | Details   | £  | P  |
| Sat, 02 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Sun, 03 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Mon, 04 Oct 2010 | R                                    | HP1 - HP11 - WC1 - HP1  |                    | 20              | 100.0          | Parking   | 1  | 50 |
| Mon, 04 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Tue, 05 Oct 2010 | R                                    | WC1 - HP1 - HP7 - WC1   |                    | 20              | 75.2           | Parking   | 2  | 30 |
| Tue, 05 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Wed, 06 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Thu, 07 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Fri, 08 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Sat, 09 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Sun, 10 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Mon, 11 Oct 2010 | R                                    | HP11 2QR - HP22 5QX - MK18 2QP - MK18 2QP - MK18 1LS - HP22 5QX - MK18 2QP - MK18 2QP |                    |                 | 75.7           | Gas   | 30 | 50 |
| Mon, 11 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Tue, 12 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Wed, 13 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Thu, 14 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
| Fri, 15 Oct 2010 | R                                    | HP1 - HP2 - HP3   |                    |                 | 9.1            |   |    |    |
|                  |                                      | TOTALS  |                    | 40              | 378.3          |   | 34 | 30 |

## GUIDANCE NOTES

- 1) Your payroll number must be entered on the front of this form. This is the complete number that appears on the top left hand corner of your payslip.
- 2) If you wish to claim tax relief on emergency call-outs, then the Emergency Call-Out employee's statement must be signed below.
- 3) Please complete each day's journeys in full and total the mileage at the bottom of each column.
- 4) Official miles should be the lesser of the actual mileage travelled or the mileage from base to place visited (and return where necessary).
- 5) Passenger miles can be claimed for each passenger (e.g. 2 passengers for a 10 mile journey 20 miles claimed).

I DECLARE THAT (a) the expenses and allowances claimed were actually and necessarily incurred whilst engaged on the duty stated and are in accordance with the regulations, (b) no other claim has been made by me on any other Authority in respect of duties performed during the period stated above, and (c) the insurance policy in respect of my motor vehicle (Registration Number as overleaf) provides cover, whilst the vehicle is used on official business, for third party insurance including cover against risk of injury to or death of passengers and damage to property. and that the policy is now in force and covers the journeys claimed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Call-Out Employees Statement

Except where indicated above, I certify that advice on the handling of the emergency was given before starting my emergency call-out journeys and I accepted full responsibility for those aspects appropriate to my duties from that time (journeys, which I consider do not qualify for tax relief, are shown separately above).

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Head of Department's Certification

I certify that, to the best of my knowledge and belief, the claimant was engaged on the duty stated on the dates shown overleaf and that the claims for expenses and subsistence are in accordance with the regulations (General Whitley Council Sections 22, 23 and 24).

Upon completion this form should be sent to:-

Payroll Services, Bucks Shared Services, Amersham Hospital, Whielden Street, Amersham, Bucks, HP7 OJD

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name in block capitals: \_\_\_\_\_

Tel No: \_\_\_\_\_

**N.B. Only forms received in the payroll section by the 5th day of the month will be included with your next salary payment**

## **FOR PAYROLL USE ONLY**

### **Reimbursement of Other Mileage**

|        | Code |  |  |  | Pence per mile |  |  |  |  | Number |  |  |  |  | :12 | IND |
|--------|------|--|--|--|----------------|--|--|--|--|--------|--|--|--|--|-----|-----|
| Box 27 |      |  |  |  |                |  |  |  |  |        |  |  |  |  |     |     |
| Box 27 |      |  |  |  |                |  |  |  |  |        |  |  |  |  |     |     |
| Box 27 |      |  |  |  |                |  |  |  |  |        |  |  |  |  |     |     |

### **Other Expenses**

|        | Code |  |  |  | Pounds |  |  |  |  | Pence | IND |
|--------|------|--|--|--|--------|--|--|--|--|-------|-----|
| Box 28 |      |  |  |  |        |  |  |  |  |       | T   |
| Box 28 |      |  |  |  |        |  |  |  |  |       | T   |
| Box 28 |      |  |  |  |        |  |  |  |  |       | T   |

### **Subsistence / Mileage**

|        | Code |  |  |  | Number |  |  |  |  | :12 | IND |
|--------|------|--|--|--|--------|--|--|--|--|-----|-----|
| Box 30 |      |  |  |  |        |  |  |  |  |     | T   |
| Box 30 |      |  |  |  |        |  |  |  |  |     | T   |
| Box 30 |      |  |  |  |        |  |  |  |  |     | T   |

Paid Wk/Mnth: \_\_\_\_\_

Payroll Officer's Initials: \_\_\_\_\_