

SOUTH HEIGHTON PARISH COUNCIL

TRAVEL MANAGEMENT, BUSINESS MILEAGE AND EXPENSES CLAIM FORM

CLAIMANT DETAILS:

TITLE	FORENAME	SURNAME	ROLE	MONTH OF CLAIM	YEAR

Declaration by claimant

I certify that the particulars stated in this claim are correct and that:

- a) Mileage (over the shortest possible route), fares and other expenses have been necessarily incurred whilst on official Parish Council business or in the exercising of duties for the Parish Council and/or as a Councillor of South Heighton Parish Council;
- b) The additional expenditure incurred is supported by the attached receipts;
- c) I hold a current and valid driving licence applicable to the vehicle being used;
- d) My vehicle insurance is current and valid and, where necessary, indemnifies the Parish Council against any third party liability whilst on official duties;
- e) My vehicle is roadworthy and well maintained, and where necessary I possess a current MOT certificate;
- f) I have notified the Parish Council of any driving offences I have incurred.

Signed: _____ Date: _____

EXPENSE SUMMARY:

Please enclose a receipt to cover each expense being claimed. If the expense is VAT eligible, a full VAT receipt must be obtained stating the suppliers VAT number. If claiming for business mileage, please list your total mileage claim in the expense summary below and input your full mileage details for each trip into the mileage log on page 2.

Date Expense Incurred	Reason for Expense <small>[Give as much detail of expense type and reason as possible. If claiming mileage, input total mileage claim from page 2]</small>	Total (£) <small>[list the total claim for each expense item]</small>	VAT (£) <small>[if a VAT item, please list VAT amount]</small>
TOTAL EXPENSE CLAIM:			

Certification and Declaration

I certify that the Council has approved the reimbursement of business miles (as listed on page 2) and other travel and related expenses as stated on this claim form.

SHPC Minute Reference:

I confirm that I have inspected the claimant's driving licence and insurance documentation within the last 12 months.

Signed: _____ Date: _____

Print name: _____ Position: _____

