

Completion of these boxes is mandatory				
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
[REDACTED]				

TRAVEL ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

EMPLOYER

GGHB

(PRIOR TO COMPLETION OF THIS FORM PLEASE REFER TO THE GUIDANCE NOTES.)



CLAIM FOR THE MONTH OF November

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME (as per current payslip)	Ian Ritchie
HOME ADDRESS	[REDACTED]
DESIGNATION	Non-Executive Member
BASE	[REDACTED]

VEHICLE / USER DETAILS

USER TYPE	[REDACTED]
ENGINE SIZE (cc) OF VEHICLE USED	[REDACTED]
LEASED CARS ONLY	
CAR REGISTRATION NUMBER	[REDACTED]
ODOMETER READING AT	[REDACTED]
END OF MONTH	[REDACTED]
START OF MONTH	[REDACTED]
BUSINESS MILES	[REDACTED]
PRIVATE MILES	[REDACTED]

EXCESS TRAVEL

CHANGE OF BASE	_____
UNIT VALUE	_____
EXCESS RETURN FOR HOME TO BASE	_____ (A)
NO OF DAYS / OCCASIONS TRAVELLED / CLAIMED	_____ (B)
TOTAL MILES / COST * CLAIMED	_____ (A x B)

CAR CHANGED SINCE LAST CLAIM? No IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE? _____

DATE	REASON FOR JOURNEY	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	MILEAGE			TIME OF		DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED	
			HOME TO PLACE VISITED / RETURN	BASE TO PLACE VISITED / RETURN	BUSINESS MILEAGE	PUBLIC TRANSPORT MILEAGE	PASSENGER MILEAGE		DEPARTURE	RETURN
01/11	B	Home to Gleddoch (Board away session)	43		43					
02/11	B	Gleddoch to Home	43		43					
07/11	B	Home to Vale of Leven CMU and return	72		72					
TOTALS			158		158					

