Completion of these boxes is mandate	ory
	Pay Number Scharacters)

TRAVEL, ASSOCIATED EXPENSES AND LEASED CAR CLAIM FORM

EMPLOYER GGHB

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



EMPLOYEE DETAILS (Please use BLOCK CAPITALS) VEHICLE / USER DETAILS USER TYPE USER TYPE ENGINE SIZE (cc) OF VEHICLE USED LEASED CARS ONLY CAR REGISTRATION NUMBER OCOMETER END OF MONTH READING AT START OF MONTH BUSINESS MILES PROVATE MILES CAR CHANGED SINCE LAST CLAIM? NO IF YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGES MILEAGE CETALS OF ADARNEY MILEAGE MILEAGE DESIGNATION MILEAGE MILEAGE MILEAGE DESIGNATION MILEAGE DATE OF CHANGES MILEAGE DESIGNATION MI	CLAIM FOR THE MONTH OFNovember												
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MANDE CASES THAT AND THE PROPERTY OF THE PROPE	(as per current payslip)						ENGINE SIZE (cc) OF VEHICLE USED				UNITVALUE		
Non-Executive Member	HOME ADDRESS					LEASED CARS ONLY CAR REGISTRATION NUMBER							
Non-Executive Member			3			ODOMETER		_		BASE	S RETURN FOR HOME TO	(A)	
CAR CHANGED SINCE LAST CLAMP No	DESIGNATION		Non-Executive Member			READING AT	START OF MONT	-		NO OF TRAVE	DAYS / OCCASIONS LLED / CLAIMED —	(B)	
EAR CHANCED SINCE LAST CLAIM? OF THE SPEASE ATTACHA COPY OF YOUR INSURANCE POLICY DATE OF THE SPEASE ATTACHA COPY OF THE SPEASE	and the same of th						BUSINESS MILES	-				(A = B)	
	BASE _				PRIVATE MILES (A X)						(4 x b)		
Section 1 (1) Se	CAR CHANGED SINCE LAST CLAIM? No IF 'YES' PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY DATE OF CHANGE?												
DOT 1 S Home to Gleddoch (Board sway seasion) O711													
10111 D Home to Cleddoch (Board away session) 11	DATE	PEASO FOR JOURNE		HOME TO PLACE VISITED RETURN	BASE TO PLACE VISITED / RETURN		PUBLIC TRANSPORT	PASSENGER	Salar Sa	•		AMOUNT CLAMED	
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