

Completion of these boxes is mandatory					
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)	
Monthly					
Please refer to your current payslip					

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 August 2016

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

NAME **Dr Linda de Caestecker**

(as per current payslip)

HOME ADDRESS

DESIGNATION **Director of Public Health**

BASE **J B Russell House, GRH**

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED

LEASED CARS ONLY
CAR REGISTRATION NUMBER

ODOMETER READING AT: END OF MONTH / START OF MONTH

BUSINESS MILES

PRIVATE MILES

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? _____ 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		EXPENSES	
			HOME TO PLACE VISITED	BASE TO PLACE VISITED / RETURN	BUSINESS MILEAGE	PUBLIC TRANSPORT MILEAGE	PASSENGER MILEAGE	DEPARTURE	RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIMED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
12/01	B	Base to Kirklands, Bothwell to Atlantic Quay to base		34							
16/08	B	Quarriers Conference Centre to base		4							
18/08	B	Base to RCPSG to base		8							
24/08	B	Train to Edinburgh									£23.30
25/08	B	Train to Edinburgh									£12.60
[Large diagonal scribble]											
					46						£35.90