	Complet	ion of th	ese boxes i	s mandatory
Weekly / Monthly Paid	Pay Division	Group Code	Pay Point	Pay Number (8 characters)
Monthly				

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 PRIB - NOV 18

EMPLOYEE DETAILS (Please use BLOCK CAPITALS)

Jacqueline Forbes

DESIGNATION

Non Executive Director

VEHICLE / USER DETAILS

USER TYPE

ENGINE SIZE (cc) OF VEHICLE USED

LEASED CARS ONLY

CAR REGISTRATION NUMBER

ODOMETER END OF MONTH

READING AT

START OF MONTH

BUSINESS MILES

PRIVATE MILES

EXCESS TRAVEL

CHANGE OF BASE

UNIT VALUE

EXCESS RETURN FOR HOME
TO BASE

NO OF DAYS / OCCASIONS
TRAVELLED / CLAIMED

TOTAL MILES / COST * CLAIME

SE											
AR CHANG	ED SIN	ICE LAST CLAIM?	IF 'YE	S' PLEASE AT	TACH A CO	PY OF YOUR	INSURANCE	POLICY	D	ATE OF CHANGE?	
	REASON FOR JOURNEY	DETAILS OF JOURNEY (INCLUDING NAMES OF PASSENGERS) OR DESCRIPTION OF CLAIM	HOME TO PLACE VISITED/RETURN	BASE TO PLACE VISITED / RETURN	MILEAGE BUSINESS MILEAGE	PUBLIC TRANSPORT MILEAGE	PASSENGER MILEAGE	DEPARTURE 191	E OF RETURN	DETAILS OF SUBSISTENCE OR OTHER EXPENSES CLAIMED	AMOUNT CLAIR E [12]
8/04/2018	[2] B	Glasgow IJB - Performance & Scrutiny Committee - Parking		151	TO!						£6.00
9/05/2018	В	Glasgow IJB - Parking									£10.00
0/06/2018	В	Glasgow IJB - Parking									£10.00
1/08/2018	В	Glasgow UB - Performance & Scrutiny Committee - Parking			\						£8.00
21/11/2018	В	Glasgow IJB - Performance & Scrutiny Committee - Parking									£6.00
								<u> </u>			
			5-11 sent (2-11)								
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										1	£40.00