



**Expenses Claim Form**

**Maximum claimable amount between sites (each way)**

SHS-MLS	13 Miles or £5.85
SHS-DSS	24 Miles or £10.80
DSS-MLS	23 Miles or £10.35
SHS-TSS	26 Miles or £11.70
DSS-TSS	38 miles or £17.10
MLS-TSS	36.5 miles or £16.43
DSS-HP	25 miles or £11.25
HP - MLS	14 Miles or £6.30
HP - TSS	23 Miles or £10.35
HP - SHS	2 Miles or £0.90

Employee Name:  Home To Normal Base

Date of claim:  Home Address

Home Postcode

Date of Travel	Description of business journey include postcode travelling from and to. (please specify if you are going from home to destination or to home from destination)	Training	Other	No. miles travelled	Subsistence		Other travel Costs £	Sundry Items £	Description of 'sundry' or 'other' costs (receipts must be included)	Total £
		✓ 17p per mile	✓ 45p per mile		Hours away from office	Amount Claimed				
<b>If you travelling from home to the destination, or from the destination to home. You will have to deduct your usual work journey mileage.</b>										<b>TOTAL £</b> <input type="text"/>

BY SUBMITTING THIS CLAIM FORM I DECLARE THAT:  
 THE ABOVE EXPENSES WERE INCURRED WHOLLY, EXCLUSIVELY AND NECESSARILY IN THE PERFORMANCE OF MY DUTIES  
 AS AN EMPLOYEE OF THE EDUCATION ALLIANCE AND THAT I HAVE READ AND UNDERSTOOD THE TRUST'S TRAVEL AND SUBSISTENCE POLICY  
 MY USE OF MY PERSONAL VEHICLE FOR WORK PURPOSES COMPLIES WITH THE TRUSTS' DRIVING FOR WORK (PERSONAL VEHICLE) POLICY  
 I HOLD THE RELEVANT INSURANCE AND DRIVING LICENCE AND MY VEHICLE IS ROADWORTHY, TAXED AND HAS A VALID MOT (IF REQUIRED)

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Line Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Approval signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by (finance team): \_\_\_\_\_ Date: \_\_\_\_\_

Finance Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_