



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

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				
If you travelling from home to the destination, or from the destination to home. You will have to deduct your usual work journey mileage.										TOTAL £

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: _____