

## Claim for Travelling and Subsistence Allowances

## Continuing Professional Development

Line Number	From	To

Claims should be made **monthly** and passed to your employing department immediately following the last day of the month.

Month Ending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Make of Car: ..... Reg. No. .... C.C.: .....

Home Address: .....

Name (Block Capitals): .....

Workbase: .....

Miles from home to normal workplace .....

Post Number:.....

Personal No. (see payslip) .....

(i) Date	(ii) Start time		(iii) 1st place visited	(iv) Subsequent calls	(v) Purpose of journey	(vi) Finish Time		(vii) Miles Claimed		(viii) Miles	(ix) Expenses		(x) Details (receipts must be attached)
	home					office	Home	office	busin	other	actual	£	
	<10	>10											
Brought Forward Totals													
Grand Totals													
								A	B	C			

Personal Number

A									
1	2								8

Pay Element

5	0	4	3
9			12

Miles

13					18

Samis Code

33											42

Personal Number

A									
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Pay Element

5	0	4	3
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Miles

--	--	--	--	--	--

Samis Code

--	--	--	--	--	--	--	--	--	--	--	--

Personal Number

A									
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Pay Element

4	5	2	1
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Value

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Subsistence

Samis Code

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Personal Number

A									
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Pay Element

4	5	2	3
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Value

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Subsistence

Samis Code

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### Certificate of Claimant

I certify that:

- (1) The journeys set out on this form were actually and necessarily made in carrying out my official duties and the mileage stated is in accordance with official regulations.
- (2) Additional expenditure has been incurred on meals for which an allowance is claimed.
- (3) Public Transport has been used when appropriate and expenditure claimed for this does not exceed actual expenditure.
- (4) Car, travelling and subsistence allowances claimed are in accordance with the rates and conditions approved by Shropshire County Council, which includes a requirement for the vehicle concerned to be insured for business use by me.

Signature of Claimant: ..... Date: ..... Signature of Approving Officer: .....

Certified correct in accordance with financial regulations: ..... Date: .....

