

**Canvey Island Town Council
11 High Street, Canvey Island, Essex, SS8 7RB**

Members Travel & Mileage Claims

Part A (To Be Completed By Claimant) Please complete this form in block capitals

Month of Claim:

Full Name

This claim will not be paid unless all sections are completed.

Nominal Code	Date	Attended	Miles Claimed *
4115			
	Total Miles		

* Must not include any home to work mileage

Date	Attended	Expense incurred	Receipt Attached	Receipt checked (Office Use)

I certify that

- a) Mileages have been necessarily incurred solely on the service of Canvey Island Town Council.
- b) The vehicles details are correct and relate to the vehicle throughout this claim period
- c) I have a full valid driving licence for this vehicle
- d) The insurance policy on this vehicle covers use on Council business and indemnifies the Council against any third party claims, and covers any passengers that the claimant has onboard the vehicle.
- e) There is a current MOT certificate for this vehicle (if required)
- f) The expenditure shown for travel has actually been incurred by me in respect of travel required (original receipts attached. Copies of receipts or credit card vouchers are not acceptable).

Signature of Claimant:

Date:

Part B For Office Use only			
	Total Miles	Rate Applicable	Total for reimbursement
		0.45	
Authorised receipted expenses		N/A	
Total Payable	£		

Prepared by:	Claim checked and Authorised by:
Cheque No:	Date: