

**PERTH & KINROSS COUNCIL - EMPLOYEE TRAVEL CLAIM FORM**

Single Status &amp; Craft Travel Claim Details for month ending 30 / 04 / 2011

**Personal Details**

Employee Name	Abbey Example	Payroll reference number	222222
Employee Job Title	Manager	Car Registration number	AB01 EFG
Employee Service	The Environment Service	Engine Size (cc)	1400
Employee base/school	Pullar House, Perth	Type of claim *	Business

\* Business/Training ; Excess ; Lease ; Roads Lease ; Bicycle

**Calculation of total claim**

TOTALS	Miles	Values £
Brought Forward mileage from 01 April		-----
This claim no. of miles at 45 p (up to 10,000)	182	81.90
This claim no. of miles at 25 p (over 10,000)		
Total mileage to date for c/f	182	-----
Excess travel (all miles payable at 25p)		
Lease mileage travel (all miles payable at 14.0p)		
Roads Lease travel (all miles payable at 13.0p)		
Bicycle travel (all miles payable at 25p)		
Total cash value of the mileage this claim		81.90
Total cash value of expenses this claim		8.00

Financial Code	Miles/ Expenses

**VAT**

Brought forward VAT balance from previous claim, if any	=	<b>C</b>		This will be shown at G on previous claim
Total of the VAT shown on the receipts attached	=	<b>D</b>	11.07	
Total VAT balance available = <b>C + D</b>	=	<b>E</b>	11.07	
Total mileage claimed [182 ]miles x VAT rate [2.50] pence per mile	=	<b>F</b>	4.55	This is the total VAT needed for this claim.
"Surplus" VAT that can be carried forward to next claim = <b>E - F</b>	=	<b>G</b>	6.52	If this is a negative value refer to your manager

**Declaration by employee**

I certify that this claim is a true account of expenses actually and necessarily incurred by me in the course of my duties. I also confirm that the above vehicle is insured by me for business use and accept that if I am involved in an accident, all liabilities must be covered by my own insurance policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Declaration by authorised signatory**

I have checked the details of this claim, including mileage, calculations, VAT and that authentic receipts have been produced in accordance with the Council's policy, procedures and guidance, accordingly, I hereby authorise this claim for payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Designation \_\_\_\_\_



