**CAR MILEAGE CLAIM FORM**

**EMPLOYEE NAME ……………………………………………………………….**

**MONTH ……………………………………………………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Journey** | **From/To** | **Purpose of Journey** | **Total Miles** | **Cumulative mileage** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Miles Travelled…………………………@45p per mile= £**

**Total Miles claimed year to date (THIS IS YOUR RESPONSIBILTY TO KEEP A RECORD OF)…………………. MILES**

**AUTHORISED BY…………………………………………. SIGNED…………………………………PRINTED…………………**

**DATED………………………………..**