



**TRAVEL AND SUBSISTENCE EXPENSES CLAIM FORM (JNC Staff and Chief Officials only)**

REF: PAY 04A

January 2017

MONTH ENDED:

LEASED USER:

To be submitted to HR Shared Services no later than 3 working days after 9th of month

NAME:

EMPLOYEE NO.:

VEHICLE REG.:

Employee no. must be entered

Only required for Leased Users or Car Salary Sacrifice Scheme

POST:

DEPT:

VEHICLE TYPE:

Vehicle type to be completed in all cases

BASE:

HOME ADDRESS:

Further information on the completion of this form is available on the Intranet in the "Employee Travel and Mileage Policy" under HR Policies, procedures and guidelines

DATE	JOURNEY DETAILS <small>Include initial starting point, detail place(s) visited and point returned to</small>	PURPOSE OF JOURNEY	DURATION OF ABSENCE		MILEAGE EXPENSES				OTHER OUTLAYS <small>Subsistence, public transport and other expenses</small>	
			Time from	Time to	Work to Work Mileage (X)	Home to Work Mileage (Y)	Home to Base (Z)	Mileage Claimed (X) + (Y) - (Z)	Amount £	Details
<small>If travelling from home to a location other than your normal base, enter mileage travelled in (Y) and your normal home to base mileage in (Z). By subtracting (Z) from (X) + (Y) you will be paid any additional mileage.</small>										
Sub-totals c/f										

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										Amount £	Details				
<b>If travelling from home to a location other than your normal base, enter mileage travelled in (Y) and your normal home to base mileage in (Z). By subtracting (Z) from (X) + (Y) you will be paid any additional mileage.</b>							Sub-totals b/f								
<b>DETAILS OF OVERNIGHT SUBSISTENCE</b>							TOTALS								
Required by HM Revenue & Customs regulations															
Date(s):		Name of Hotel / Guest House:		Address:											
Date(s):		Name of Hotel / Guest House:		Address:											
<b>DECLARATION</b> I certify that:- (i) this claim is correct in every respect, (ii) the above mileage was undertaken by me in the necessary discharge of my duties, (iii) travelling expenses listed were necessarily incurred in the performance of my duties, (iv) I incurred the expenditure for which subsistence and/or other outlays are claimed, (v) except as shown above, I have not made, and will not make, any claim in respect of the above travelling and subsistence expenses or other outlays from any other source, (vi) the current insurer of my vehicle(s) has been notified of the periodic use of the vehicle(s) on Scottish Borders Council business and has agreed to indemnify the Council against any third party claims arising from such use. I further certify that cover for business use of my vehicle(s) is in force, premium payments are up to date, my vehicle(s) is maintained in a roadworthy state and I hold a current MOT certificate as required, (vii) I have completed the section on VAT receipts.				<b>VAT RECEIPTS (SECTION MUST BE COMPLETED IN ALL CASES)</b>				<b>LEASED USERS ONLY - SPEEDO READING</b>							
<b>Note: Claims made more than three months after being undertaken can only be paid with the approval of your Chief Officer or Service Director.</b>				VAT receipt(s) for fuel are (tick as appropriate):-				Start Reading							
				a) <input type="checkbox"/> Attached herewith b) <input type="checkbox"/> VAT receipt on previous claim c) <input type="checkbox"/> No VAT receipt for reason below which must be accepted by Authorised Signatory (note that Service budget will bear the cost of VAT that cannot be reclaimed):-  Reason:				+ Business Miles				End Reading			
Signature of Claimant:				Authorised Signatory:				+ Other Mileage							
								<b>PAY OFFICE USE ONLY</b>				Post Ref.			
								Employee No.							
								Miles Claimed		3040					
								Subsistence		3310					
Subsist. VAT		3315													
Misc. Expenses		3340													
Misc. Exp. VAT		3345													
Date:		Print name of signatory:		Date:											