



Business Mileage Expense Claim Form

Full Name _____

Department _____

Vehicle Make and Model _____

Mileage Rate _____ Pence per Mile

Date	Destination	Reason For Journey	Business Miles
Total Business Mileage			
Total Claimed @		Pence Per Mile	£

I CONFIRM THAT THE ABOVE IS A COMPLETE AND ACCURATE RECORD OF MY BUSINESS MILEAGE EXPENSES.

Signed _____

Date _____

Authorised By Position _____

Signature _____