

MILEAGE CLAIM FORM

Employee Name: _____ Employee ID: _____

Department: _____ Manager: _____

Trip Details:

Date of Travel: _____

Purpose of Trip: _____

Start Location: _____ End Location: _____

Odometer Start (miles): _____

Odometer End (miles): _____

Total Miles Travelled: _____

Vehicle Information:

Vehicle Make and Model: _____

Registration Number: _____

Claim Details:

Rate per Mile (GBP): _____ Amount Claimed (GBP): _____

Declaration:

I hereby certify that the information provided in this Mileage Claim Form is true, complete, and accurate to the best of my knowledge. I confirm that the miles claimed were for business purposes only and in compliance with the Company's travel and expense policy. I understand that any false or misleading information may result in disciplinary action, including termination of employment and legal action.

Employee Signature: _____

Date: _____

Manager Approval:

Manager Name: _____

Signature: _____

Date: _____

Notes / Comments:

Employee Signature

Manager Signature

Date:

Date:

Original source of this document:

<https://docstemplates-uk.com/mileage-claim-form/>

Did you find this template helpful?

Find more updated templates at:

<https://docstemplates-uk.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.