MILEAGE CLAIM FORM

Employee Name: _____ Employee ID: _____

Department: _____ Manager: _____

Vehicle Registration No.: _____ Vehicle Make/Model: _____

Journey Details:

Date	Purpose of Journey	From (Location)	To (Location)	Start Mileage	End Mileage

Declaration:

I hereby declare that the mileage claimed above has been incurred solely for official business purposes, is accurate and complete to the best of my knowledge, and that no other reimbursement has been or will be claimed for the same mileage. I understand that providing false information may result in disciplinary action and/or legal consequences under UK law.

Employee Signature: _____ **Date:** _____

Manager Approval: _____ **Date:** _____

Employee Signature	Manager Signature
Signature: _____	Signature: _____

This Mileage Claim Form is to be completed and submitted in accordance with the Company's travel and expense reimbursement policy and relevant UK legislation. All mileage claims are subject to audit and verification. Retention of false or inflated claims may result in disciplinary action including termination of employment and potential legal action.