

The Diocese of Chelmsford Vine Schools Trust

Excess Travelling Expenses Claim Form

Date:	Location ID:
Employee Name :	
Employee Address:	
Bank Account details for reimbursement by BACS :	
Account Number :	Sort Code :

a	b	c	d	e	f	g	h	i	j	k	l	m
Miles from home to old work place	Miles from home to new work place	Additional Miles (b – a)	Less 10 miles (5 miles each way)	Total daily miles claimed (c – d)	Number of days per week at new work place	Total number of days worked per week	Total working days per year	Daily compensation (e x 25p)	Total Allowance $\frac{i \times h \times f \times 4}{g}$	Monthly instalment (j / 18)	With effect from	Date of cessation

Signature of Claimant

Signature of Authoriser

For internal use only