Mileage Claim Form

TRINITY INDEPENDENT CARE LTD
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Promoting independence ….

AA AUTOROUTE – Home to first place of work and last place of work to home to be deducted from every trip made on daily basis.

Name: _____
Month: _____
Car Details: _____
Registration Number: _____

Date	From Post code	To Post code	Reason for Journey	Start mileage	Finish mileage	Total mileage	Home to duty deduction	Total claimed

I confirm I have carried out the journeys detailed above and that these were necessary.

Total miles: _____ Rate per mile: _____ Amount claimed: £_____

Signature of claimant: _____

Signature of the manger: _____