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|  | West Lothian Council |  | | | **T.S. 01** |
|  | **Car Allowance Claim for Business Mileage & Subsistence** |  |
|  | **For Designated Car Users on Official Council Business** |  |

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| CLAIMING CONDITIONS   1. Mileage claimed must be by the shortest route (refer to Internal Audit’s list of standard mileage on Intranet) 2. Details of journeys must be precise and include START and STOP locations with departure and return times 3. Each claim must relate to ONE calendar month and ONE vehicle only 4. Journeys starting/finishing at employee’s home must be calculated on the basis of the EXCESS mileage rule 5. All forms **MUST be FULLY COMPLETED** and sent to Payroll by the 6th of the following month (subject to change during festive periods) 6. Actual expenditure incurred must be supported by receipts (**including a valid VAT receipt for the purchase of fuel**) |

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| ALL claims are made under the council’s ‘**Scheme for Reimbursement of Travel and Subsistence Expenses**’ (on MyToolkit) |

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| Period of Claim | | Car Details | | Employee Details | |
| From | / / | Registration |  | Name |  |
| To | / / | Make |  | Employee Number |  |
|  | | Model |  | Designation |  |
| Engine C.C. |  | Location |  |

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| Certificate by Authorised Car User I certify that: | | |  | Summary Claim | |
| * The journeys claimed were necessarily incurred by me on official council business * The points of call have been correctly stated * Expenses for meals are claimed in accordance with the Scheme * I have not claimed these expenses from any other source * I am not aware of any medical reasons why I should not undertake work-related travel | * I hold a full current driving licence and motor insurance policy allowing me to use my vehicle on official council business  I have (where required by law) a valid MOT certificate for the period covered by the journeys stated  * I understand this claim is subject to scrutiny by Internal/External Audit | |  | Miles Claimed | miles |
|  | Parking/Tolls | £ |
|  | Subsistence | £ |
|  | Total Cost | **£** |
| Employee’s Signature: ……………………………………………………………………………. | | **Date:** ……………………………… |  |  |  |

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| Certificate by Designated Officer I certify that all journeys and other expenses have been necessarily incurred in accordance with the Scheme for Reimbursement of Travelling and Subsistence Expenses, and that I have checked all appropriate receipts. | | |
| **Authorised Signatory’s Name** (PRINT): …………………………………………………….. | **Authorised Signature:** ……………………………………. | **Date:** ………………… |

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| Date | Times | | Journey Details | | Purpose | Return Journey | | Mileage | Parking & Tolls  £ | Subsistence  £ | Total Cost  £ |
| Depart | Return | From | To | Yes | No |
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(Please **✓** as appropriate)

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| Totals Carried to Summary |  |  | Totals | m | £ | £ | £ |
| Totals Carried to Continuation Sheet |  |  | | | | | |