

PCC MOTOR EXPENSE FORM

Employee, Volunteer, Committee Member



Return signed form to

Unit 14a
St Austell Printing Company
St Austell Business Park
St Austell
PL25 4FD

Claims must be made monthly using Departure & Destination Postcodes

Rate 45p/mile

Name.....

Address.....

.....

Declaration

I can confirm that I made the trips specified and that I possess a valid, current Drivers Licence and my Personal Vehicle Insurance policy covers the use of the vehicle for voluntary work use.

Signed:.....

Date:.....

Date	From	To	Reason for Journey	Miles
			Amount claimed	
Authorised by			Total miles	
Date			Rate per mile	
			Amount claimed	

