

St PAUL'S BOXING ACADEMY CIO - CAR MILEAGE CLAIM FORM

*To be completed in line with the St Pauls Boxing Academy CIO Policy. Please use block capitals and complete ALL sections of the claim form.
Failure to do so will result in your claim being returned.*

NAME IN FULL _____

Tel No:

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ADDRESS: _____

POSTCODE _____

EMAIL ADDRESS

VEHICLE REG NO.

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ENGINE SIZE:

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 CC

Mileage will be paid in accordance with the AA Route Finder for the journey undertaken (see www.theaa.com). Incorrect claims will be amended accordingly.

Date of Travel	Name of event attended and your role at event (i.e. course delegate/coach etc)	Postcode of location travelled from	Postcode of location travelled to	Name of passenger/s and role at event, if car sharing. State postcode of collection/meeting point	Mileage for journey	Total £
TOTAL AMOUNT CLAIMED (to be completed by claimant)						

FOR OFFICE USE ONLY

Total Claim (£) _____

Payment Checked by _____

I declare that:-

- All the particulars set out by me on this form are correct and that the mileage covered in each case was necessary for the fulfilment of my duties.
- I will abide by the route finder checks completed by the St Paul's Boxing Academy CIO
- Where my private vehicle has been used it is insured to do so, taxed and has a full MOT.
- Any false declaration will lead to disciplinary action being taken

CLAIMANT SIGNATURE	AUTHORISED St Paul's Boxing Academy CIO SIGNATORY
Signed:	Signed:
Date:	Date:

Please indicate mileage rate used		
Engine Size (cc)	Rate Permitted	If Car Sharing
Up to 999cc	0.30	0.35
1000 to 1999cc	0.35	0.40
2000cc and over	0.40	0.45

Name: (block capitals)		Name: (block capitals)
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