



Mileage Claim Form



Date	From	To	Type <i>car/train/bus</i>	Mileage <i>(30p per mile)</i>	Other Costs <i>Parking/tickets</i>	Total £

I certify that my vehicle has the appropriate business use insurance cover.

Name: _____

Date: _____

Signature: _____

I would like my cheque made payable to: _____

I would like my cheque sent to the following address: _____

Please attach receipts/tickets for any additional costs along with this form and return to:

Katie Bennett, Arena Business Centre, 9 Nimrod Way, Ferndown Industrial Estate, Wimborne, Dorset, BH21 7SH.