MILEAGE REIMBURSEMENT CLAIM FORM

Gloucestershire COUNTY COUNCIL

School/ College:		**Route Number**	For office use only
Pupil's surname:		**Agreed daily rate**	£ -
Forename(s):		**Please tick here if Post-16**	
Address:			
Claimant's name:			

Please indicate days pupil was transported to the school.

February 2027

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		No	£	p
1st		2nd		3rd		4th		5th		6th		7th				
8th		9th		10th		11th		12th		13th		14th				
15th		16th		17th		18th		19th		20th		21st				
22nd		23rd		24th		25th		26th		27th		28th				
														Total		

Please use this box to add any notes or any additional information to assist your claim (optional):

Please hand to School or College by the first Friday next month.

I certify that I transported my child to school on the dates shown (signature).

School stamp / signature.

School or College to scan and email completed form to: ITUinvoices@gloucestershire.gov.uk