

MILEAGE REIMBURSEMENT CLAIM FORM



School/ College:

Route Number

For office use only

Pupil's surname:

Agreed daily rate

Forename(s):

Please tick here if Post-16

☐

Address:

Please indicate days pupil was transported to the school.

Claimant's name:

March 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	☐			
29th	☐	30th	☐	31st	☐											
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