

## 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:** \_\_\_\_\_

### December 2025

Monday	Tuesday	Wednesday	Thursday	Friday
1st	2nd	3rd	4th	5th
8th	9th	10th	11th	12th
15th	16th	17th	18th	19th
22nd	23rd	24th	25th	26th
29th	30th	31st		

Saturday  
6th  
13th  
20th  
27th

Sunday  
7th  
14th  
21st  
28th

No	£	p

**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](mailto:ITUinvoices@gloucestershire.gov.uk)