

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:

November 2026

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												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