

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:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Please indicate days pupil was transported to the school.

Claimant's name:

September 2025

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