

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:

April 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								
														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