

# Travel, Subsistence and Expenses Claim Form



The expenses claimed are for actual journeys undertaken in accordance with the Education Authority's Travel and Subsistence Policy and were incurred on official Education Authority business.

Please tick the appropriate box

NON-TEACHING	<input type="checkbox"/>
PERMANENT TEACHER	<input type="checkbox"/>
TEMPORARY TEACHER	<input type="checkbox"/>

## Claimant's Personal Details

NAME: \_\_\_\_\_ POST HELD: \_\_\_\_\_ EMPLOYEE NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ NATIONAL INSURANCE NO: \_\_\_\_\_  
 NORMAL BASE: \_\_\_\_\_ WORK TELEPHONE NUMBER: \_\_\_\_\_ CAR USER TYPE (Essential/Casual): \_\_\_\_\_

ALL DETAILS WITHIN THIS SECTION MUST BE COMPLETED

## Claimant's Vehicle Details

**Section A - Complete Section A only if you have not changed your vehicle since your last claim.**

INSURANCE COMPANY: \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_

MAKE & MODEL OF VEHICLE: \_\_\_\_\_ REG NO: \_\_\_\_\_ ENGINE CC: \_\_\_\_\_

MY INSURANCE DOCUMENTATION WAS PROVIDED TO THE AUTHORISING OFFICER FOR CHECKING PRIOR TO ANY BUSINESS JOURNEYS HAVING BEEN UNDERTAKEN YES ☐

**Section B - Complete Section B only if you have changed your vehicle since your last claim.**

### DETAILS OF NEW VEHICLE (IF APPLICABLE)

INSURANCE COMPANY \_\_\_\_\_ DATE VEHICLE CHANGED: \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_

MAKE & MODEL OF NEW VEHICLE: \_\_\_\_\_ REG NO: \_\_\_\_\_ ENGINE CC: \_\_\_\_\_

MY NEW INSURANCE DOCUMENTATION WAS PROVIDED TO THE AUTHORISING OFFICER FOR CHECKING PRIOR TO ANY BUSINESS JOURNEYS BEEN UNDERTAKEN. YES ☐

IF YOU ARE AN ESSENTIAL USER AND THE CC OF YOUR NEW VEHICLE HAS CHANGED, PLEASE ENSURE PAYROLL ARE NOTIFIED AS THE NEW CC MAY CHANGE YOUR LUMP SUM YES ☐

## Mileage, Subsistence and Expenses

**\*\*Subsistence/expenses will only be refunded when supported with a receipt.**

[illegible]

## Claimant must complete

I certify (a) The vehicle which I used to make the journey(s) claimed is insured by \_\_\_\_\_ Insurance Company; (b) the insurance policy expressly allows me to use this vehicle on my employer's business (Business Use); (c) the journeys claimed for were made on Education Authority business and do not include any home to base travel; and (d) The stated mileage and fares are correct and I actually incurred expenditure on meals for which subsistence allowances are claimed.

Signature: \_\_\_\_\_ Email address: \_\_\_\_\_ Date: \_\_\_\_\_  
 (For Finance to contact you should there be any queries)

.....

## Authorising Officer must complete

I can confirm that I have checked the claim and to the best of my knowledge, the individual above is entitled to re-imbursement of the amounts stipulated. I have verified that the necessary vehicle insurance is held.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*Authorising Officer (Line Manager/Head of Service)

Cost Centre	Function Code (if applicable)

Following certification, the Authorising Officer should forward the claim and receipts to the correct Accounts Payable email below.

Staff	Email address to be used to submit claim form(s) and supporting documentation
Non-Teaching	<a href="mailto:EA_TravelandExpensesNonTeaching@eani.org.uk">EA_TravelandExpensesNonTeaching@eani.org.uk</a>
Teaching	<a href="mailto:EA_TravelandExpensesTeaching@eani.org.uk">EA_TravelandExpensesTeaching@eani.org.uk</a>

.....

## Admin use only

Claim Date(s)	Non H/W Miles	H/W Miles	Subsistence/Expenses		Parking		VAT	
			£	p	£	p	£	p
TOTALS								

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Reference No: \_\_\_\_\_