

PARTICULARS OF CLAIMANT

PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS.

Name Mr. / Mrs. / Miss. / Ms. (Delete as applicable.)

Address

Your Motor Vehicle

Registration NO. \_\_\_\_\_

EXACT c.c. \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Have you changed your vehicle since your last claim? (Delete as applicable.) Yes / No

Start date for new vehicle \_\_\_\_\_

PAYROLL (Top left corner of payslip)	PAY REF. (Top right corner of payslip)

Your Insurance Details

Company \_\_\_\_\_

Policy Expiry Date \_\_\_\_\_ / \_\_\_\_\_ /20

THIS SECTION MUST BE COMPLETED WITH DETAILS OF YOUR CURRENT POLICY.  
 WHEN YOU RENEW OR CHANGE YOUR POLICY, OR ONCE A YEAR, AND WHENEVER YOU CHANGE YOUR CAR:-  
 IF YOUR POLICY COVERS YOU FOR BUSINESS USE, PLEASE SUBMIT A COPY OF YOUR CERTIFICATE. IF NOT COVERED FOR BUSINESS USE, PLEASE SUBMIT A VOLUNTEER'S INSURANCE FORM COMPLETED BY YOUR INSURER.

Your Place of Employment

Employing Department:  
 ENVIRONMENT

DURHAM VOLUNTARY COUNTRYSIDE RANGERS

<input checked="" type="checkbox"/>	Class of User
	Essential
	Leased
<input checked="" type="checkbox"/>	Casual
	Emergency

DECLARATION

I DECLARE THAT THE MILEAGE INCLUDED ON THIS CLAIM WAS ACTUAL AND NECESSARY TO FULFIL MY OFFICIAL DUTIES AND DOES NOT INCLUDE ANY PRIVATE MILEAGE. I UNDERSTAND THAT FALSIFICATION OF A MILEAGE CLAIM IS A DISCIPLINARY OFFENCE.

Claimant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20

Authorised \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /20

FOR EMPLOYING DEPARTMENT USE ONLY

Mileage

DATE OF CLAIM	OFFICIAL MILEAGE		SUBSISTENCE		
Month Ended	Non-Taxable	Taxable	Car Parking COP5529	Non-Taxable COP5519	Taxable COP5511
/ /20					

Other Payments and Adjustments

Month Ended	Payment / Adjustment Code	Amount		Cr.
		£	p	
/ /20				
/ /20				

Details of changes to Claimant's particulars

NEW CLAIMANT / CHANGE OF DETAILS (Delete as applicable)

Date from which new details are effective \_\_\_\_\_ / \_\_\_\_\_ /20

<input checked="" type="checkbox"/> Negotiating Body	<input checked="" type="checkbox"/> Rate of Payment	<input checked="" type="checkbox"/> Payment Category	Taxable 'Home to Office' Mileage
APT & C	Essential	Restricted	Please tick this box if car user receives the above allowance.
Magistrates	Leased	Non-Restricted	Part time fraction of lump sum (e.g. 21 / 31)
Other	Casual		

EXAMINED AND PASSED	CERTIFIED FOR PAYMENT
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Contact (in case of query): \_\_\_\_\_ Tel. No.: \_\_\_\_\_

FOR TREASURER'S DEPARTMENT USE ONLY

DATE \_\_\_\_\_

Taxable Mileage Codes	COP _____ / V _____
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COMMENTS:

