

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: _____

March 2026

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	No	£	p
2nd	3rd	4th	5th	6th	7th	1st			
9th	10th	11th	12th	13th	14th	8th			
16th	17th	18th	19th	20th	21st	15th			
23rd	24th	25th	26th	27th	28th	22nd			
30th	31st					29th			
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