

## 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 2026

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								
<b>Total</b>														

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](mailto:ITUinvoices@gloucestershire.gov.uk)**