

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				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