

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:

October 2025

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