

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
		1st	2nd	3rd
6th	7th	8th	9th	10th
13th	14th	15th	16th	17th
20th	21st	22nd	23rd	24th
27th	28th	29th	30th	31st

Saturday
4th
11th
18th
25th

Sunday
5th
12th
19th
26th

No	£	p

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