

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:

November 2025

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