

## 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:** \_\_\_\_\_

### January 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	31st		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](mailto:ITUinvoices@gloucestershire.gov.uk)