# ABERDEEN CITY COUNCIL TRAVEL AND SUBSISTENCE CLAIM MONTH 20

**ALL RELEVANT DETAILS MUST BE COMPLETED: INCOMPLETE FORMS WILL BE RETURNED.**

## Name ………............................................. Payroll No. (7 digit per payslip) .......................................................... Job Title................................................ Service ..........................................

**GUIDANCE NOTES AVAILABLE ON** [**PeopleAnytime**](https://peopleanytime.aberdeencity.gov.uk/pay/travel-and-subsistence/travel-and-subsistence-claims/)

**Once completed and approved this form should please be sent to:**

[**BusinessSupportTeam4@aberdeencity.gov.uk**](mailto:BusinessSupportTeam4@aberdeencity.gov.uk)

Normal Place of Work.................................................................................................................................................

Registration Number............................................................ Car exact cc..........................................................

User Type: Essential /Casual /Motor Bike /Bicycle (delete as appropriate)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Details of each journey with locations, purpose and where passenger miles are claimed, include the passenger name(s) (the form will be returned if passenger name(s) are not completed). | Participant in ACC Tusker Leased Car Scheme (Y/N) | Mileage | Passenger  Miles | Workplace Change Allowance /  ACC Leased Car Mileage  Mileage Bus Fares | | Hours of Absence  (only complete if subs. claimed)  From To | | Other Expenses/ Subsistence  £ p | | Cost Centre |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **The total column must be completed:** | |  |  |  |  |  |  | |  |  |  |

**Declaration by Claimant Claim correct and authorised for payment**

I declare that all claims entered by me on this form, including mileage, result from expenses actually and necessarily incurred by me in the course of my duties and that any subsistence payments claimed in consequence of such expenses do not exceed the allowances approved by the City Council. **I declare that the above vehicle is roadworthy and is insured for business purposes.**

Signature....................................................................... Date........................................

Authoriser....................................................................................................................

Job title.........................................................................................................................

Signature......................................................................................................... Date................................................................................ **(AUTHORISER TO BE COMPLETED IN BLOCK LETTERS)**

AF60(12)