PRACTICAL CARE SOLUTIONS LTD Name	MILEAGE EXPENSES CLAIM FORM Position
Date	Vehicle registration number
Vehicle CC rating	Fuel type
Authorisation Signature	Employee Signature

I declare that monies claimed have been actually and necessarily incurred by me solely on the business of Practical Care Solutions Ltd. I understand that any overpayment or fraudulent claim identified after processing can be reclaimed in full by Practical Care Solutions Ltd, and may also result in further action being taken against me.

Date	Start Time	Finish Time	Details of Journey, List start and finish points	Actual Mileage Incurred	Mileage rate per mile	£ Value of mileage	Name of Client Visited	Total	
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
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					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				

Date	Start	Finish	Details of Journey,	Actual	Mileage	£ Value	Name of Client	Total	
	Time	Time	List start and finish	Mileage	rate per	of	Visited		
			points	Incurred	mile	mileage			
					£0.25				
					£0.25				
					10.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					10.25				
					£0.25				
					£0.25				
					£0.25				
					10.25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					60.25				
					£0.25				
					£0.25				
					£0.25				
					CO 25				
					£0.25				
					£0.25				
					£0.25				
					£0.25				
					10.23				
					£0.25				
		_							
Total £					£0.25				
Claimed									