## PRACTICAL CARE SOLUTIONS LTD

Name

## Date

Vehicle CC rating

## Authorisation Signature

MILEAGE EXPENSES CLAIM FORM Position

## Vehicle registration number

## Fuel type

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 <br> Time | Finish <br> Time | Details of Journey, List start and finish points | Actual Mileage Incurred | Mileage rate per mile | £ Value of mileage | Name of Client Visited | Total |  |
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| Total $£$ Claimed |  |  |  |  | £0.25 |  |  |  |  |

