

**MEMBERS TRAVEL CLAIM FORM**

Description and date of approved duties …………………………………………………………………………..

…………………………………………………………………………………………………………………………………………..

Travel from and to …………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

**A. Private Transport Use:**

No. of miles travelled: ………

**X**

Mileage rate: ………

**=**

Amount claimed: **£**………

**B. Public Transport Fares: £**………

*(please detail)*

……………………………………………………………………………………………………………………………………………….

**C: Parking Fees: £**………

**Total requested** **A+B+C:** **£**………

**Full Name:** ………………………………………………………………………………………………………………………….

**Signature:** …………………………………………………………………………………………………………………………….

**Clerk checked:** ………………………………………………………………………………………………………………………