

TRAVEL, SUBSISTENCE AND OTHER BENEFIT CLAIM FORM (CARPLAN)

Do not attach any receipts to this form. (See Declaration below)

Both sides of this form must be completed in order for payment to be made.

Please report any vehicle change details to the Car Plan Team. You must report to your manager any changes in your physical fitness to drive or your legal ability to do so.

SECTION 1 - To be completed in all cases

Assignment Number							-		Home Address:
Surname:									Initials:
Department									
Please select the date on which you get paid. Tick as appropriate:	25th of the month								Postcode:
	Last Day of the month								

SECTION 2 - To be completed in all cases

Claim for Month:	M	M	Y	Y	Y	Y	Important: Please submit a separate claim for each month of travel/expenses claimed.

SECTION 3 - To be filled in by new claimants/claimants with change of details.

Start date or change date:	D D	MM	YYYY	Is this change permanent?	YES / NO
Vehicle cc (do not round) eg: 1198 cc not 1200 cc				Vehicle Registration Number	
User Type	* Valid user types: C = Casual, E = Essential, L = Lease			Vehicle Type	* Valid vehicle types C = Car, W = 3-wheeler, M = Motorcycle

* A new claim form is required for each user type, vehicle type or change of vehicle each month.

*See overleaf for mileage and expenditure codes.

SECTION 4 - Mileage claim details. Complete as required.

Miles claimed	Mileage rate code	Analysis Code	FOR DEPARTMENTAL/ESTABLISHMENT USE ONLY To be used for projects/calculate values etc
		- -	
		- -	
		- -	

Please tick here if you have a VAT receipt for the mileage claimed: ☐

SECTION 5 - Expenditure claim details. Complete as required.

Expenditure code	Number of units at national rate, eg lunches	Or	Value of claim line 0	Analysis Code	Net amount
				- -	
				- -	
				- -	

Declaration:

I certify that to the best of my knowledge and belief, that this claim is a true and accurate record of mileage travelled and expenditure incurred by myself on behalf of the Authority whilst carrying out the business of the Authority. If it is subsequently proven that claims I have entered here do not represent a true record, then I may be subject to disciplinary action. I certify that I hold a valid and appropriate driving licence for the vehicle I have used. I am fit to drive and I have driven in a suitable, taxed and road-worthy vehicle which is insured for "use on employer's business".

I confirm that I am aware that I have to retain receipts for any expenses incurred a VAT receipt for fuel for a minimum of 2 years. Failure to do so could incur personal tax liability or cost to my funding budget. When I leave DCC's employment, these will be passed to my budget manager or line manager for retention.

Signed: _____ (Claimant) Date: _____

Part B - To be completed by Manager (CAPITAL LETTERS)

I certify that the mileage/expenses claimed by the above are correct. I authorise payment in accordance with the Payment Grid above.

Signed: _____ (Authorised Officer) Print Name: _____ (CAPITALS)

Contact Telephone No: _____ Date: _____

Once complete, send this form to the Carplan Team, Room L102, County Hall, Topsham Road, Exeter, EX2 4QD
PLEASE NOTE THAT THIS FORM WILL BE RETURNED FOR AMENDMENT IF THE INFORMATION PROVIDED IS
INCORRECT OR INCOMPLETE

[illegible]

APPENDIX E		
Journey dates	Journey, points of call and reason for journey (exact routes please)	VEHICLE USERS ONLY
		Taxable Mileage Claimed
	TOTAL	

Mileage Code Info:**Expenditure Code Info:**

Devon Sea Fisheries expenditure codes only:

Other Rates