



Record of Mileage Form

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Please Complete in Black Ink and Block Capitals. Failure to complete ALL sections in FULL will lead to delay in reimbursement.

			Authorisation
Title:	Name:	Surname:	Trust name :
Home Postcode:			Authorising signature:
			Print name :
Claim Period	From :	To :	

Please complete this form using clear, block capital letters, sign and date. Please keep a copy of this form for your records and for future claims during the current tax year. Pass this form and your expenses claim form to your departmental office for processing by **Monday gam.**

Date	Details of Journey (Postcode)		Number of Miles	Reason for Journey
	To	From		

Total miles claimed for this period:

Total miles claimed since April in this current Tax Year to date:

Signed:

Date :