

## Travel & Subsistence Claim Form

Date of claim: \_\_\_\_\_ Engine Size \_\_\_\_\_

\*Total claimed distance this year: \_\_\_\_\_ Name: \_\_\_\_\_

(\*Excluding Current Claim)

Address: \_\_\_\_\_

*I certify that the expenses detailed in this claim were incurred by me on official business of IWS for the stated purposes.* **Signature:** \_\_\_\_\_

Date of travel	From	To	Mode of Transport	Distance in KM	Reason for travel	Time Absent	<b>Cost in €</b>			Code
							of mileage, parking, tolls	Cost in € of Sub-sistence	Total cost in € for each journey	
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			

Distance Bands		Engine Capacity			Subsistence Rates				
		up to 1200cc	1201-1500cc	1501 & over	Night Allowances			Day Allowances	
<b>Band 1</b>	1-1,500 km	0.3795	0.3986	0.4479	<b>Normal Rate</b>	<b>Reduced Rate</b>	<b>Detention Rate</b>	<b>10 hours or more</b>	<b>5 hours but &lt; 10 hours</b>
<b>Band 2</b>	1,501-5,500 km	0.7000	0.7321	0.8353					
<b>Band 3</b>	5,501-25,000 km	0.2755	0.2903	0.3221					
<b>Band 4</b>	25,001 & over	0.2136	0.2223	0.2585					
					<b>147.00</b>	<b>132.30</b>	<b>73.50</b>	<b>36.97</b>	<b>15.41</b>

<b>Total travel</b>	<b>Total sub</b>	<b>Grand Total</b>
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*Date Paid:*

*Examined By:*

*Receipts for parking & tolls must be attached.*