



**RGS**  
WORCESTER

From the Bursar and Clerk to the Governors:  
Mr IT Roberts OBE MA

Upper Tything, Worcester WR1 1HP  
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**MILEAGE EXPENSES CLAIM FORM**

Mileage Expenses Claim from (Name of Claimant):	Date:
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To: Senior Manager
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**PART ONE**

Please authorise me to use my vehicle, registration number			
On School Business for the purpose of			
For a journey of estimated		Miles	On Date:
From:		To:	

**PART TWO**

I authorise the above journey. Expenses will be reimbursed at the rate of 45 pence per mile, up to a maximum represented by the appropriate second class rail fare.			
Signature:		Date:	

**PART THREE**

I confirm that I completed the above journey to a total of			Miles
Signature:		Date:	
Please pay by BACS/CHEQUE (delete as applicable)		Amount:	£