Mileage Claim Form

Employer:

Employee:

Pence per mile: Month:

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| --- | --- | --- | --- |
| Date | Journey | No. of miles | Total |
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The rate of 0.40 per mile or under does not incur tax

Signed by Employer:……………………………………………

Signed by Employee:……………………………………………

Date:…………………………………..