APPENDIX 3

#### Certification of Chief Officer

I confirm that I have examined your application form concerning reimbursement of excess travelling and would advise that you are/are not entitled to claim under the provisions of the scheme as from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



# Reimbursement of Excess Travelling Expenses

***For Officers whose place of employment is changed due to relocation***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# Initial Application to participate in the Scheme for Reimbursement

(no claim for reimbursement of excess travelling expenses will be processed unless and until this

application form has been approved by your Chief Officer and confirmed to you in writing).

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former Work**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New Work**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Change:**

**Type of Reimbursement**

**Officers Authorised to Claim Mileage**

Actual mileage from home to former place of employment (single journey) \_\_\_\_\_\_\_\_\_\_\_ miles

Actual mileage from home to new place of employment (single journey) \_\_\_\_\_\_\_\_\_\_\_ miles

Daily excess mileage involved in a single journey: \_\_\_\_\_\_\_\_\_\_\_ miles

Daily excess amount involved in a single journey - (miles) x \_\_\_\_\_\_(p./rate) £ \_\_\_\_\_\_\_\_\_

(The reimbursement for mileage will be the rate set by the National Joint Council for Local Government Services

for mileage over 8,500 miles, Scale 1 rate).

## Officers not Authorised to Claim Mileage

Cost of travel by public transport from home to former place of employment: £\_\_\_\_\_\_\_\_\_\_ per month

Cost of travel by public transport from home to new place of employment: £\_\_\_\_\_\_\_\_\_\_\_ per month

Excess expenditure by public transport: £\_\_\_\_\_\_\_\_\_\_\_ per month

(Public transport paid at bus or 2nd class rail fare – monthly season where monthly ticket obtainable)

(Please note claims should be greater than the minimum disturbance amount as set by the National Joint Council

for Local Government Services)

## Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### APPENDIX 5 TE1