

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	Cost in € of mileage, parking, tolls	Cost in € of Sub-sistence	Total cost in € for each journey	Code
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			
							KM € _____ Parking _____ Tolls: _____			

Distance Bands		Engine Capacity		
		up to 1200cc	1201-1500cc	1501 & over
Band 1	1-1,500 km	0.3795	0.3986	0.4479
Band 2	1,501-5,500 km	0.7000	0.7321	0.8353
Band 3	5,501-25,000 km	0.2755	0.2903	0.3221
Band 4	25,001 & over	0.2136	0.2223	0.2585

Subsistence Rates				
Night Allowances			Day Allowances	
Normal Rate	Reduced Rate	Detention Rate	10 hours or more	5 hours but < 10 hours
133.73	120.36	66.87	33.61	14.01

Total travel	Total sub	Grand Total
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Date Paid:

Examined By:

Receipts for parking & tolls must be attached.