

AGREED MILEAGE EXPENSE FORM

This form is to be used for agreed* additional travel to work and is subject to tax by PAYE To Be sumitted via Ask HR Ticket

Select Service Category - Pay & Benefits and

Select Incident Category - Add. Payments & approved sal. changes.

For details of the cut off dates please see

https://warwick.ac.ul	k/services/humanresources/int	ernal/a-z/hrpayrollcutof	fdates
FULL NAME			
PAYROLL NUMBER			
HOME ADDRESS FRO	M WHICH TRAVELLING		
POSTCODE			
VORK ADDRESS TRA	VELLING TO		
POSTCODE			
	ent to salary costcode)		
DATE	BUSINESS PURPOSE	TOTAL MILEAGE	RATE AMOUNT
		TOTAL CLAIM	£
Reimbursement rate 45p per mile		PAYROLL WAGE	ТҮРЕ
			•
		Signature of Claimant Date	
Authorisation Line Mar	nager	Print Name	Date
(Please use digital signatu	_	(Authoriser)	Date

*The University of Warwick does not normally reimburse travel to work on any occasion and therefore this form should only be used in exceptional circumstances where such travel has prior agreement from Head of Dept.

Staff Privacy Notice: As a member of staff, we ask that you read our updated Staff Privacy Notice carefully as it contains important information on how and why we collect, store, use and share your personal data, your rights in relation to your personal data and who to contact in the event that you have a query or complaint