NASUWT Mileage and Subsistence Claim Form

Form F1XL (side a)

Name of	Claimant				Membership N	lo.			
* Please note original receipts must be provided for other travel costs and subsistence									
A		В		С	D	E	F	G	Н
Date		Reason for activity		Journey from	Journey to	No of miles	Other travel costs*	Sub- sistence*	Receipt number
	From continuation sheet	s							
NASUWT				(I) Total	number of miles				
INAJUTTI					(J) mileage rate	45p			
The Teachers' Union					(K) sub totals				
Claimant	's signature				(L) TOTAL CLAIM				
	npleted by local officer								
Please indicate which of the following the claim is being made to and insert naLAFedReg Com				and code: Exec NI/Scot/Cyr		Code			
LA Name				-ACC NI/OCU/UYI		<u> </u>			
Online ba	nk payment ref no		cheque number			Date paid			
	FFICER DETAILS:	Name				Signature			