

H.M. CUSTOMS AND EXCISE
TRAVEL CLAIM (Other than Permanent Transfer claims)

THIS SECTION TO BE COMPLETED BY THE CLAIMANT

Payroll number

COMPLETE IN BLOCK LETTERS

Collection Rank

Name
 *Mr./Mrs./Miss

Headquarters Office, District or Station

Address to which payable order or cash payment advice should be sent (Official address should be used when possible) {

Private address at permanent station

STATUS

- *Married Officer
- *Single Officer with equivalent responsibilities
- *Single Officer/Householder

Period of claim

T & S

***USE OF CAR**

Mileage allowance is claimed in respect of my own private vehicle. Registration number c.c. rating

LEAVE BLANK	£
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DECLARATION I declare that the allowances etc. claimed are in strict accordance with the Rules of the Department.

Amount of claim pounds
 (pounds in words)

PAYMENT

- (a) I have received advances as follows:— { in connection with this claim.
- (b) Please pay by *PAYABLE ORDER/CASH (applicable only when it can be conveniently collected from the Collector's Office Cashier or the Chief Cashier in the case of Head Office and London Port staff.).

Date 19..... Signature of claimant

Certified that this claim has been satisfactorily examined in accordance with the Rules of the Department.

Stamp

Signature

Date 19..... Rank

Payment approved. Gross amount as shown in Cash Column 2 below to be charged to Vote.

Form C. & E. *400/958 issued. Date 19..... Signature

CASH BOOK C. & E. 1010					
Payable Order number issued <i>(This number MUST be entered on each line of the Cash Book C. & E. 1010)</i>	Code number	Information	Exc.	Cash columns	
				1	2
					£

Signature

Date

A.R.P. (No.) £

Adjustment instructions entered on Forms C. & E. 237 relevant to this claim.

NET AMOUNT PAYABLE £

Amount recoverable if claim is less than Advance £

..... initials date

FOR USE IN CASH PAYMENTS (or insert "Cheque issued" stamp, as appropriate).

Received the sum of pounds
 (pounds in words)

Date Signature

Payment advice issued initials date

Station or place visited (details of leave to be shown) Month Year

Day of month Public transport, parking, etc. Code (see below) Remarks Purpose of visit, explanation, etc.

ALLOWANCES Subistence, lodging, retention of rooms, etc. Mileage by private vehicle Claimed at M/car etc. rate Pass-enger rate

Precise time of departure and arrival Use 24 hour clock Had journey begun and/or ended at office

Particulars of journey From To Address at which resident overnight when night allowance claimed

Number of Days Nights Actual Mileage

TRAVELLING Public transport, parking, etc. Amount

TRAVEL CLAIM

TOTALS FROM EXPENSES REGISTER

DEDUCTION FOR NORMAL LIABILITY

RENT ALLOWANCE (B.O.)

TOTALS

NOTES

PRIVATE ABSENCES

FREE RETURN JOURNEYS

JOURNEYS BY PUBLIC TRANSPORT TO A PLACE OTHER THAN THE PERMANENT STATION OR ANY JOURNEY BY PRIVATE CAR

Public transport, parking, etc.

Code (see below)

Remarks

Month Year