

DERBYSHIRE COUNTY COUNCIL

NOTIFICATION OF VEHICLE DETAILS

If you are entitled to claim reimbursement for travel expenses or mileage as part of your employment you can do this by completing all of the details requested on this form.

NAME _____

EMPLOYEE NUMBER _____

DEPARTMENT _____

VEHICLE DETAILS:
REGISTRATION _____

ENGINE SIZE - CC _____
(As specified on vehicle registration document)

FUEL TYPE _____
(Petrol/Diesel/LPG/Electric/Petrol-Hybrid/Diesel-Hybrid)

Please confirm you have undertaken the following before you submit any compensation for travel reimbursement

	Please tick as confirmation
I have a current full driving licence or relevant motorcycle licence	
I have a valid insurance which covers me for business use (Please see Travel claim guide for exceptions and tick here <input type="checkbox"/> if your circumstances meet the criteria)	
I have a valid MOT certificate (if applicable)	
My car is in a roadworthy condition	

I declare the information on this form to be accurate and up to date

SIGNATURE OF EMPLOYEE _____ **DATE** _____

DAYTIME TELEPHONE NO _____

Please return form to
FAO: Time Team
Shared Services Centre
John Hadfield House
Dale Road
MATLOCK, Derbyshire
DE4 3RD

Or scan and email to pay@derbysire.gov.uk FAO Time Team

For office use only

Actioned (initials) _____

Date _____