



HIGHLAND 4x4 RESPONSE GROUP MILEAGE AND EXPENDITURE CLAIM FORM

APPLICANT INFORMATION

| | | | |
|--------------------|--|---------------------------|--------------|
| FIRST NAME: | | LAST NAME: | |
| PHONE NUMBER: | | | |
| ADDRESS: | | | |
| CITY/TOWN: | | COUNTY: | POSTAL CODE: |
| MEMBERSHIP NUMBER: | | DATE OF CLAIM (DD/MM/YY): | |

THE INFORMATION BELOW IS USUALLY REQUIRED BY USER BODIES AND THE INLAND REVENUE BEFORE PAYMENT CAN BE MADE

| | |
|----------------|----------------------------|
| DATE OF BIRTH: | NATIONAL INSURANCE NUMBER: |
|----------------|----------------------------|

INCIDENT DETAILS

| | | | |
|--------------------|-----------------------|----------------|--|
| INCIDENT LOCATION: | | DATE: | |
| START TIME: | | END TIME: | |
| START MILEAGE: | END MILEAGE: | TOTAL MILEAGE: | |
| INCIDENT NUMBER: | INCIDENT DESCRIPTION: | | |

ADDITIONAL EXPENDITURE – 10% GIVEN FOR IDLING FOR PERIODS ABOVE 30 MINUTES

| | | |
|----------------------------|-------------|-----------|
| DATE: | START TIME: | END TIME: |
| LOCATION AND BRIEF REASON: | | |
| | | |
| DATE: | START TIME: | END TIME: |
| LOCATION AND BRIEF REASON: | | |
| | | |
| DATE: | START TIME: | END TIME: |
| LOCATION AND BRIEF REASON: | | |
| | | |

I certify that the above information is correct to the best of my knowledge.

Signed: _____ Date: _____

Please post / email to the Secretary gerryholford@highland4x4response.co.uk within 3 days of the incident so that claims can be collated and submitted without delay.