# Parents’ Claim FormHome to School Transport Expenses

## Pupil Details

Full name:

DOB:

Home Address:

School:

Claim Period Month Ending:

Miles Per Day:

Cost/Mile:

Number of days claiming:

Total:

Claim:

Signed:

Name:

Date:

## Parent Details for Refund

Name

Full Address (if different from above)

## School confirmation

*I certify that the pupil above was transported to and from school on the days above*

*Signed*

*Name*

Date

**Please email a completed version of this form to** **\_mileageclaim@slough.gov.uk**

**Mileage claim forms are to be submitted on a monthly basis. Slough Borough Council will not pay in arrears of more than 2 months**