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| **The below details will need to be completed in full in order for vehicles to be uploaded to enable you claim expenses for mileage. Please complete and return to:** [medwayft.Study.Leave@nhs.net](mailto:medwayft.Study.Leave@nhs.net) | |
| Name |  |
| Staff number |  |
| Vehicle Make |  |
| Vehicle Model |  |
| Engine Size |  |
| Car Registration Number |  |
| Fuel Type (petrol/diesel) |  |
| Start and Expiry Date of Insurance  **(Please ensure you have business miles on your insurance)** |  |
| Start and Expiry Date of MOT |  |
| Driving Licence from and to date |  |
| Are you a doctor? (Please circle) | YES / NO |
| Approving Manager Name  **(Confirming you’ve checked your MOT/insurance/Driving License)** |  |