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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 |
| 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)** |  |