|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Vehicle registration |  | Month |  | Year |  |

* You must submit this form to your line manager no later than the 7th of each month.
* Your licence will be checked every six months. You must declare any material changes as soon as they occur.
* Please submit this for and / or your license on time or the fuel cost for the month will be deducted from payments due to you.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Journey details | | | | | Private miles | Business miles | | Total daily mileage | | | Driver initials |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
|  |  | | | | |  |  | |  | | |  |
| Totals | | | | | |  |  | |  | | |  |
| Total private miles | | | | | |  | x pence per mile | | | | | £ |
| I declare that this is a true record of my mileage in the period and that there is no damage on this vehicle. (Please report any damage to your line manager and record on the back of this form damage on form 19.CH.014 – driver’s vehicle inspection sheet)  I declare that daily safety checks have been undertaken prior to use, to confirm vehicle safety and road worthiness. (Please report any damage to your line manager immediately and record damage on the necessary form)  I confirm I have completed form 19.CH.014 for the month and handed it to the fleet coordinator as required under PUWER regulations. | | | | | | | | | | | | |
| Driver’s eyesight confirmed at min distance of 20.5 metres. | | | | | Registration number viewed | | |  | | | | |
| Driver signature | | |  | | | | | Date | |  | | |
| Manager review | | Signature | |  | | | | Date | | |  | |
| Deduction processed | | Signature | |  | | | | Date | | |  | |