

Expenses claim form

Employee Name:

Month:

Date	Type (E.g. Stationery / mileage etc)	Amount
Total of expenses claimed		

Employee signature:

Please attach receipts

Vehicle Safety and Condition Checklist

Vehicle Make and Model:

All staff have a duty of care under health and safety legislation to ensure they use their vehicles in the correct manner and without taking unnecessary risks.

Remember these simple checks are to ensure your safety; therefore failure to ensure these routine checks are carried out may result in serious injury, prosecution and disciplinary action.

The checks should take no longer than ten minutes and remember it is not a full inspection.

Complete the table below and tick the relevant boxes:

Item Checked	Pass	Fault	Item Checked	Pass	Fault
Brakes: (hand and footbrake fully operational)			Tyres: (Legal tread, free of defects, pressures checked)		
Seatbelts: (fully operational)			Lights: (fully operational night lights, indicators and brake lights)		
Horn: (fully operational)			Fluid Levels: (Oil, coolant levels and screen wash, topped up as required)		
Windscreen Wipers: (fully operational and effective)			Any other faults: (Enter any other details in the box below)		

ANY DEFECTS WHICH MAY ENDANGER THE VEHICLE DRIVER OR OTHERS MUST BE REPORTED TO YOUR SUPERVISOR / MANAGER IMMEDIATELY.

Should you identify any specific maintenance or repairs required please note them in the box below with the action you will take

Action Required or Comments:

I confirm that I make regular checks on my vehicle as requests by The Learning Support Centre and Jotters Ltd

Person responsible for the vehicle: **Print Name:**

Signed: **Date:**