

Declaration of Employee Mileage

Name:

NI number:

Tax Year	08-09	07-08	06-07	05-06
Business Mileage
Contribution

Tax Year	04-05	03-04	02-03
Business Mileage
Contribution

Please either complete with a company stamp or print & complete on company letterhead

Signed: date:

Print name:

For & On Behalf Of:
(company stamp)

For further clarification I can be reached on telephone number: