



Cycle to Work Scheme Application & Agreement Form

Staff Request for Equipment

Staff Name		
Department		
Staff Number		
Supplier Details		
Bicycle Make/Model		
Total Cost		
Please specify the number of fortnights you wish to make repayments over		Fortnightly Deduction

I, _____ confirm that I agree to the deductions from my salary and to the rules of the scheme. I also confirm that this bike is solely for my use only and not for use by any other party.

Signed: _____

Date: _____