NORTH YOR	KSHIRE POL		Month	July					FORM REF: 31		
BUSINESS MIL	EAGE CLAIM F	ORM		Year	2021		Cost Centre				
(This form is no	ot for re-locatio	n claims)		Car Reg							
Name	Simon Dennis			Date of change of car (If applicable)							
Pin No				Engine CC							
Collar No				Home post code							
		1							Α	В	
Date	Journey Start Location	Start Time 00:00	Post Code	Places visited	Journey Finish Location	Finish Time 00:00	Post Code	Reason/s for Journey eg: Meeting (Drop Down fields)	Miles Travelled	Home to Work Mileage to Deduct Ref: Point 1	Miles Claimed (A minus B)
07.07.2021	Harrogate	07:00	Home	Skipton Fire Station	Skipton	08:00	BD23 1RU	NYFRS - Fire Station visit - Skipton	22	3	19
07.07.2021	Skipton	09:00	BD23 1RU	Bentham Fire Station	Bentham	09:30	LA2 7JW	PSO / Station Visit	26	0	26
07.07.2021	Bentham	16:00	LA2 7JW	Home	Harrogate	17:30	Home	Return Journey	48	3	45
										Total Miles	90
					I CERTIFY THAT:  1. I have checked (If not line manager check with claimant they have produced these documents for checking) that the claimant has a current full licence to drive the vehicle used, has a valid MOT certificate (Where required) and valid insurance that covers NYP for business use which indemnifies NYP against third party claims.  2. That the journeys claimed were necessary to enable the claimant to perform their duties and were so arranged that a minimum of expense was incurred, consideration was given to time and travel management so as to avoid driver related fatigue and stress.						