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NORTH YOR	KSHIRE POL	ICE		Month	April				_	FORM REF: 31	
BUSINESS MIL	EAGE CLAIM F	ORM		Year	2022		Cost Centre	7200			
(This form is n	ot for re-locatio	n claims)		Car Reg							
Name	Zoe Metcalfe Date of change of car (If applicable										
Pin No				Engine CC	1984	his must be	the actual Engi	ne CC from your V5 Reg document			
Collar No	8493		Home post code Home								
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)	A Miles Travelled	B Home to Work Mileage to Deduct Ref: Point 1	Miles Claimed (A minus B)
03/04/2022	Home	13:00	Home	Carlton Lodge Activity Centre	Thirsk	16:00	YO7 4NJ	Visit	13	11	2
03/04/2022	Thirsk	16:00	YO7 4NJ	Carlton Lodge Activity Centre	Home	17:00	Home	Visit	13	11	2
05/04/2022	Home	18:00	Home	York Mosque	York	19:00	YO10 3EN	Meeting	19	11	8
05/04/2022	York	20:30	YO10 3EN	York Mosque	Home	21:30	Home	Meeting	19	11	8
13/04/2022	Home	09:00	Home	CLA	Appleton Roebuck	10:00	YO23 7HT	Meeting	29	11	18
13/04/2022	ppleton Roebuc	11:30	YO23 7HT	York Crown Court	York	12:30	YO1 9WZ	Meeting	8	0	8
13/04/2022	York	14:30	YO1 9WZ	York Crown Court	Home	15:30	Home	Meeting	19	11	8
20/04/2022	Tockwith	11:00	YO26 7DW	York Fire Station	York	12:00	YO10 4AH	Visit	11	0	11
20/04/2022	York	17:00	YO10 4AH	York Fire Station	York	18:00	Home	Visit	19	11	8
23/04/2022	Linton-on-Ouse	14:00	YO30 2AX	Media Training	Leeds	15:00	LS17 5HF	Media Training	28	0	28
23/04/2022	Leeds	16:00	LS17 5HF	Media Training	Home	17:00	Home	Media Training	26	11	15
				•				•		Total Miles	116
					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.						
Name of Claimant Zoe Metcalfe					Name of Authoriser (Line Manager)						
	Collar No	8493				Collar No					
Date 09/11/2022						Date					

Point 1 ::would normally be incurred by travelling to and from your normal place of work ion and return to your home location you must reduce your claim by your normal home to work mileage. Jur journey at your normal place of work you must reduce your claim by your normal distance travelled to work only. In complete your journey at your home location you must reduce your claim by your normal distance travelled to home only.