

NORTH YORKSHIRE POLICE									Month	FORM REF: 31		
BUSINESS MILEAGE CLAIM FORM									Year	Cost Centre		
(This form is not for re-location claims)									Car Reg			
Name				Date of change of car (if applicable)								
Pin No				Engine CC		This must be the actual Engine CC from your V5 Reg document						
Collar No				Home post code								
										A	B	
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)	
08.05.24	Home	07:00	HG3 2DW	Northallerton	HQ	08:00	DL6 1BF	Meeting	26.2	4.7	21.5	
08.05.24	HQ	17:00	DL6 1BF	Northallerton	Home	18:00	HG3 2DW	Meeting	26.2	4.7	21.5	
28.05.24	Home	07:00	HG3 2DW	Northallerton	HQ	08:00	DL6 1BF	Meeting	26.2	4.7	21.5	
28.05.24	HQ	19:00	DL6 1BF	Northallerton	Home	20:00	HG3 2DW	Meeting	26.2	4.7	21.5	
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										<b>Total Miles</b>	<b>86</b>	