PROTECT STAFF

NORTH YORKSHIRE POLICE Month Feb									7	FORM REF: 31		
BUSINESS MIL		Year	2025		Cost Centre		1					
(This form is n	ot for re-locatio	n claims)		Car Reg	<u> </u>							
Name	Jo Coles			Date of change of car (If applicable)	<u>, </u>							
Pin No				Engine CC		This must b	e the actual Eng	gine CC from your V5 Reg document				
Collar No				Home post code	2							
										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)	A Miles Travelled	Home to Work Mileage to Deduct Ref: Point 1	Miles Claim minus E	ned (A B)
19.02.25	HOME	09:30	HOME	ATHENA	YORK	10:00	YO30 4XF	LCJP	4.5	0		4.5
19.02.25	ATHENA	13:30	YO30 4XF	ATHENA	HOME	14:00	HOME	LCJP	4.5	0		4.5
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
	Total Miles											9