

NORTH YORKSHIRE COUNTY COUNCIL Allow Post 16
INTEGRATED PASSENGER TRANSPORT
REQUEST FOR PAYMENT OF TRAVEL ALLOWANCE

This form should be completed at the end of term and submitted to your Principal or Head of Centre for certification
and returned to Integrated Passenger Transport, County Hall, Northallerton, DL7 8AH

Student's Surname..... Student's
Forename.....

Student's Date of Birth.../.../.....

Cheque payable to:.....(If different to above)

Address.....
.....Postcode.....

College/School attended.....

I travelled from..... To.....
the following dates.

Academic Year claim is for (e.g.
2009/2010).....

PLEASE TICK BOX FOR EACH DATE YOU ARE CLAIMING FOR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																
July																																
August																																

Agreed Daily Amount.....

Total No. Return Journeys.....

Total Amount Claimed £.....

Signature of student
student

I hereby certify that the above named
has attended on the dates detailed above
totalling.....days.

.....

Date.....
Centre

SignedPrincipal or Head of

Date.....

Payment will normally be made within 28 days of receipt of a correct claim form