

**NORTH YORKSHIRE COUNTY COUNCIL  
INTEGRATED PASSENGER TRANSPORT**

**Allow Post 16**

**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. 2008/2009).....

**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
<b>September</b>																															
<b>October</b>																															
<b>November</b>																															
<b>December</b>																															
<b>January</b>																															
<b>February</b>																															
<b>March</b>																															
<b>April</b>																															
<b>May</b>																															
<b>June</b>																															
<b>July</b>																															
<b>August</b>																															

Agreed Daily Amount.....

Total No. Return Journeys.....

Total Amount Claimed £.....

Signature of student

I hereby certify that the above named student has attended on the dates detailed above

.....

totalling.....days.

Date.....

Signed .....Principal or Head of Centre

Date.....

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