



**NORTH YORKSHIRE COUNTY COUNCIL
EDUCATION SERVICE
LSC STUDENT TRAVEL ALLOWANCE**

FULL NAME OF STUDENT:

FULL NAME OF CLAIMANT:

HOME ADDRESS:
.....
.....
.....

COLLEGE ATTENDING:

METHOD OF TRANSPORT:
(IF TRAVELLING BY CAR
PLEASE STATE MILEAGE)

DATES OF TRAVEL:
.....
.....
.....

TOTAL NUMBER OF RETURN JOURNEYS CLAIMED:
TOTAL AMOUNT CLAIMED:

I HEREBY CERTIFY THAT I HAVE UNDERTAKEN THE JOURNEYS I HAVE CLAIMED FOR ABOVE

SIGNATURE OF CLAIMANT: