

**NORTH YORKSHIRE COUNTY COUNCIL
INTEGRATED PASSENGER TRANSPORT
REQUEST FOR PAYMENT OF TRAVEL ALLOWANCE**

**ALLOW under
16**

This form should be completed by the Parent/Guardian at the end of term and submitted to the Head Teacher for certification
and returned to Integrated Passenger Transport, County Hall, Northallerton, DL7 8AH

Pupil's Surname..... Pupil's
Forename.....

Date of Birth.../.../..... Name of Parent/Guardian.....

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

Telephone.....

School attended.....

Journey made 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.....

Number of days claimed.....

Total Amount Claimed.....

Signed..... Date.....
(Parent/Guardian)

TO BE COMPLETED BY HEADTEACHER

I hereby certify that to the best of my knowledge the above attendance is correct.

Signed..... Date.....

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