DEFENCE POLICE FEDERATION

Voucher №
Account
Folio №
Date
Cheque №

-				Date	
TRAVELLING & EXPENSES CLAIM FORM			Cheque №		
FULL NAME:					
FULL ADDRESS:					
STATION:					
Please tick: CHEQUE ☐ BACS (please complete below): ☐ ADVANCE (please choose payment option) ☐					
SORT CODE: ACCOUNT NO:					
NAME ON ACCOUNT:					
BANK & BRANCH:					
REASON FOR CLAIM: ANNUAL CONFERENCE NEC CASOC OTHER					
DATE	FROM	LEAVING TIME	ТО	ARRIVAL TIME	
DAIL	11.0101	ELAVINO IIIVIE	10	AMMYALTIME	
1.RAIL FARE from To					
2. AIR FARE from To					
3. OTHER FARES	5 – 1. PUBLIC TRANSPORT 2. TAXI	1. £	2. £		
4. PRIVATE CAR ALLOWANCE MILES**			ence Per Mile		
a) PASSENGER b) CARRIAGE OF EQUIPMENT			b) 2p Per Mile		
5. SCALED ALOV	VANCE № of nights	at £5.0	0 Per Night		
6. ACCOMMOD	ATION № of nights	At £	Per Night	:	
7. RECEIPTED M	IEALS Lunch/Dinner	At £			
8. ADVANCEMENT PAID UP TO 90% of estimated costs At £ Date paid					
9. LESS ADVANC	CEMENT PAID	d			
			TOTAL		
** Mileage is restricted to the cost of non-first class travel. Proof may be required of the cost of such a journey. Passengers are to be identified and are to be representative persons.					
Where it is appropriate CLAIMS ARE TO BE RECEIPTED and receipts are to be full receipts. If fully itemised receipt has not been attached an explanation should be provided.					
I certify that the above claim was for attendance on Federation business. When accommodation is claimed it is necessary in respect of nights spent away from home. I acknowledge that if I am in receipt of a TRANSFER GRANT/ALLOWANCE I have read the appropriate PRG and have informed the DPF of my transfer status.					
CLAIMANT SIGNATURE: DATE: / /					

OFFICE USE ONLY

I certify that the above claim is correct and that the expenses claimed are for attendance at a meeting on Federation business.

AUTHORISING SIGNATURE: DATE: __/__/