PUBLIC TRANSPORT, FOOD, ACCOMODATION AND OTHER INCIDENTAL EXPENSES

Name	PHILIP ALLOTT	**Month**	JULY	**Area / Department**	OPFCC
Pin No		**Year**	2021	**Section**	OPFCC
Collar No				**Cost Centre**	

Date	Reason/s for expense eg: Meeting	Duty start time eg: 13.00	Duty finish time eg: 14.00	Total duty time (Hrs)	Description of expense incurred (Receipts must be attached)	Amount of expenditure
21.07.2021	Visit to Scarborough Police Station	9.00	11.00	2.00	Parking	£ 4.20
						Total Claim
						£4.20

I CERTIFY THAT:

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