

POLICE AND CRIME COMMISSIONER FOR DERBYSHIRE INDEPENDENT CUSTODY VISITOR SCHEME EXPENSE CLAIM

TO BE COMPLETED BY THE INDEPENDENT CUSTODY VISITOR

Surname Initials

Address

.....

.....

CERTIFICATION

I CERTIFY THAT:-

The statements in this claim are correct.

The journeys set out on this claim were necessary to enable me to perform the duties of an Independent Custody Visitor.

My vehicle has an adequate and up to date insurance policy which covers this type of voluntary activity.

Signed

Dated

NOTES FOR GUIDANCE

Claims must be submitted to the Scheme Administrator, Office of the Police & Crime Commissioner for Derbyshire, for authorisation and payment.

Claims may be submitted on either a monthly or quarterly basis.

FOR OFFICE USE ONLY

Claim Checked		Calculations Checked	
Supplier ID			
Account Code	Cost Centre	Project Code	Attribute Value
3 4 0 0	X 0 1 3	9 9 9 9	Z 9 9 9 9 9 9 9
3 4 0 8	X 0 1 3	9 9 9 9	Z 9 9 9 9 9 9 9
			Amount
			£ p
			VAT TOTAL
			INVOICE TOTAL

TRANSACTION NUMBERS			
Invoice		Registration	
Posting		GRN	
Collar No			

DETAILS OF EXPENSES CLAIMED

DATE	START / FINISH POINT OF JOURNEY		REASON FOR JOURNEY I.e. Custody Visit, Training	PLACE VISITED	MILEAGE	TOTAL		OTHER i.e. car park*	
	Start	Finish				£	p	£	p
TOTAL CLAIMED									

* A receipt **MUST** be attached