HOME GUARD.
CLAIM FOR MOTOR MILEAGE ALLOWANCE.

Vehicle Reg. No. ..... Make .....

Year of Manufacture ..... H.P. .....

Class A—G Certificate Vehicles
,, B—O.H.M.S. ,, ,,
,, C—Licensed and Insured by Owner
(DELETE AS APPLICABLE)

JOURNEY RECORD for the Month of ..... 194 ....

DAY	FROM RESIDENCE (full address to be stated)	TO (indicate all points visited) In the case of "G" licensed vehicles the rank and name of senior official passenger, if any, should be stated	NATURE OF DUTIES	MILES RUN
			Carried forward	

Normal Place of Duty .....

Signature .....

Date .....

Name and Rank .....
(IN BLOCK LETTERS)

" I certify that the AUTHORIZED JOURNEYS to which this claim relates were necessarily performed on Home Guard Service; I am satisfied that no means of public or W.D. transport were available or would not permit performance of the authorized duties in the time available, and that transport was not possible in any other vehicle for which motor mileage allowance is being claimed for similar journeys."

Station .....

Date .....

Officer Commanding ..... Home Guard.

P.T.O.

WOOD & RICHARDSON, LTD., YORK.

DAY	FROM RESIDENCE (full address to be stated)	TO (indicate all points visited) In the case of "G" licensed vehicles the rank and name of senior official passenger, if any, should be stated	NATURE OF DUTIES	MILES RUN
			Brought forward	

TOTAL MILEAGE

ALLOWANCES FOR "G" CERTIFICATE, UNINSURED VEHICLES (CLASS A) AND FOR GOVERNMENT EMPLOYEES (CLASS B)	MILES	RATE PER MILE	AMOUNT £	s.	d.
PASSENGER ALLOWANCE ... (Passengers indicated hereon)		½d			
AUTHORISED MONTHLY GARAGE ALLOWANCE ...					
Hired Garage Address—		TOTAL			

ALLOWANCES for LICENSED & INSURED MOTOR VEHICLES (CLASS C)		AMOUNT £	s.	d.
MILES	RATE PER MILE			
	TOTAL			

Received the sum of £ : :

Date ....

(Signed) ....