

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

- 5 APR 2017

Councillor:		<i>SEEF SONES</i>				Vehicle Reg.			Month Ending:	<i>FEB 2017.</i>			
Address:						Engine Size			Post Code:				
						Fuel Type (e.g. Petrol/Diesel)							
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present) (6)	Travelling Allowances				Subsistence		Totals	
	Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)		Travel by Vehicle	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		
						Miles (7)	Rate (8) p	£	p	£	p	£	p
✓ 6/2/17	Home			GH	ADULT SERVICE	6	45			2	70		
✓ 7/2/17	"			GH	SERV. IMP.	6	45			2	70		
✓ 8/2/17	"			GH	ADULT SERVICE	6	45			2	70		
✓ 14/2/17	"			"	AUDIT	6	45			2	70		
✓ 22/2/17	"			"	SERVICE IMP.	6	45			2	70		
✓ 23/2/17	"			"	HA GOV.	6	45			2	70		
/ /													
/ /													
/ /													
/ /													
TOTAL										16	20		
Less payment received or Claimed from any other body or authority													
Amount Claimed										16	20		

A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as an Elected Member of this Authority and that I have actually and necessarily incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the Independent Remuneration Panel for Wales.

B) I declare that the statements above are correct. Except as shown above I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses in connection with the duties indicated above.

C) If using a private vehicle whilst on Council business, Councillors should ensure that they have comprehensive vehicle insurance.

D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor.

Date:	<i>5/4/2017</i>	Signature of Councillor:	
For Office Use			
Checked by:		<i>[Signature]</i>	
Payroll No:			
Month Paid:			

Please, Submit claims within 3 months of duty with fuel VAT receipt

5/4/17