

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

- 5 APR 2017

Councillor:	MARY JONES	Vehicle Reg.		Month Ending:	FEBRUARY
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals				
		Start (3)	End (4)			Place e.g. Civic Centre	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
								Miles (7)	Rate (8)		£	p	£	p	£	p
✓ 1/12/17				GH	PLANNING SEMINAR	6	45			2	70			2	70	
✓ 6/12/17				GH	CWG	6	45			2	70			2	70	
✓ 7/12/17				GH	PLANNING SEMINAR	6	45			2	70			2	70	
✓ 9/12/17				GH	APPOINTMENTS	6	45			2	70			2	70	
✓ 13/12/17				GH	SPC	6	45			2	70			2	70	
✓ 14/12/17				GH	APPOINTMENTS	6	45			2	70			2	70	
✓ 15/12/17				GH	PSB SCR	6	45			2	70			2	70	
✓ 16/12/17				GH	COUNCIL	6	45			2	70			2	70	
✓ 22/2/17				GH	SERVICE IMPROV.	6	45			2	70			2	70	
✓ 23/2/17				GH	COUNCIL	6	45			2	70			2	70	
TOTAL										27	00			27	00	
Less payment received or Claimed from any other body or authority																
Amount Claimed										27	00			27	00	

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 a valid driving licence, MOT and comprehensive vehicle insurance specifically including business and commuting use.

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

Date:	5.4.17	Signature of Councillor:	
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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

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

5/4/17