

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

- 5 APR 2017

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

(1)	(2)	Time of Meeting		Location of Duty Place e.g. Civic Centre (5)	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present) (6)	Travelling Allowances				Subsistence		Totals			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p		Outside the Authority's Area Only (11) £ p		Totals (12) £ p		
						Miles (7)	Rate (8) p		£	p	£	p	£	p	
✓ 01/3/17	Home			GH	SPK	6	45			2	70			2	70
✓ 13/3/17	"			GH	SPK	6	45			2	70			2	70
✓ 15/3/17	"			GH	PSB	6	45			2	70			2	70
✓ 22/3/17	"			GH	SERVICE IMP.	6	45			2	70			2	70
✓ 23/3/17	"			GH	COUNCIL	6	45			2	70			2	70
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										13	50			13	50
Less payment received or Claimed from any other body or authority															
Amount Claimed										13	50			13	50

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:		Checked by:	[Signature]
				Payroll No:	
				Month Paid:	

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

5/4/17