

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		Bob Clay			Vehicle Registration Number:			Month Ending:		May 2014				
Address:								Post Code:						
Date of Meeting (1)	Start & End of Duty Place e.g. Home (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 Outside the Authority's Area Only (11)	Totals (12)			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)					
						Miles (7)	Rate (8)					£	p	£
13/5/14	Home	4pm	6	Plasnew School	Governor Training	5	45						4	50
27/5/14	"	3.30	7pm	Civic	Special Scrutin	14	45						6	30
/ /														
/ /														
/ /														
/ /														
/ /														
/ /														
TOTAL													6	30
Less payment received or Claimed from any other body or authority														
Amount Claimed													6	30

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.

For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	4.6.2014	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

01 JUL 2014

Councillor:	Bob Clay	Vehicle Registration Number:		Month Ending:	June 2014
Address:				Post Code:	

(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 (12)		
		Start (3)	End (4)			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
2/6/14	Home	2pm	4pm	Civic	Area 2	16	45					7	20	
12/6/1	"	4pm	6pm	"	Audit	16						7	20	
17/6/1	"	5	7	"	Council	16						7	20	
20/6/1	"	10	11	"	LDP Consultation	16						7	20	
12/6/1	"	2	2.10	"	LA Governors	16						7	20	
/ /														
/ /														
/ /														
/ /														
/ /														
TOTAL													36	00
Less payment received or Claimed from any other body or authority														
Amount Claimed													36	00

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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	30.6.2014	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

02 SEP 2014

Councillor:		Bob Clay			Vehicle Registration Number:			Month Ending:		August 2014			
Address:									Post Code:				
(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) (4) Time of Meeting Start End		(5) Location of Duty Place e.g. Civic Centre	(6) Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	(9) Travelling Allowances				(11) Subsistence		(12) Totals	
		(7) (8) Travel by Vehicle Miles Rate p				(9) Fares, Tolls, Parking, etc £ p		(10) Total Travelling Allowance Claimed £ p		(11) Outside the Authority's Area Only £ p			
7/8/14	Home	16.00	17.30	Civic	Audit	16	45						7 20
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
TOTAL												7 20	
Less payment received or Claimed from any other body or authority													
Amount Claimed												7 20	

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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	1.9.2014	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

06 OCT 2014

Councillor:	Bob Clay	Vehicle Registration Number:		Month Ending:	Sept. 2014
Address:				Post Code:	

(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 (12) £ p					
		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								
									Miles (7)	Rate (8) p	£			p	£	p	
10/9/14	home	5pm	7pm	Civic	Something Travellers	16	45							7	20		
11/1	"	4.30	6	"	Democratic Services	16								7	20		
16/1	"	6	8	"	Area 2	16								7	20		
22/1	"	2	4	"	Area 2	16								7	20		
24/1	"	4	6	"	Meeting w. Leader	16								7	20		
/ /																	
/ /																	
/ /																	
/ /																	
/ /																	
										TOTAL		14	40			14	40
										Less payment received or Claimed from any other body or authority							
										Amount Claimed		14	40			14	40

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For Office Use

Checked by:



Payroll No: _____

Month Paid: _____

Date:	6.10.14	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	Bob Clay	Vehicle Registration Number:		Month Ending:	Oct. 2014
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Address:		Post Code:	
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(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				(11)	(12)			
		Start (3)	End (4)			Place e.g. Civic Centre	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travel by Vehicle				Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only
								Miles (7)	Rate (8) p					
2/10/14	Home	2.15	5.30	Civic	Audit	16	45					7	20	
2/10	"	1.15	4.15	"	Area 2	16						7	20	
30/10	"	2.15	5.30	"	Audit	16						7	20	
/ /														
/ /														
/ /														
/ /														
/ /														
/ /														
/ /														

TOTAL															21	60
Less payment received or Claimed from any other body or authority																
Amount Claimed															21	60

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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date:	5.11.2014	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

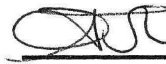
COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

06 JAN 2015

Councillor:	Bob Clay	Vehicle Registration Number:	
Address:			Month Ending: Dec. 2014
			Post Code:

(1)	Start & End of Duty Place e.g. Home (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 (12) £ p.		
		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.				
						Miles (7)	Rate (8) p.			£	p.			£
27/11/14	Home	4.00	6.00	Civic	/ Audit	16	45					7	20	
3/12/14	"	9.45	8.30	"	Democratic Services	16						7	20	
8/1	"	4	7.45	"	G7p27 T Scmbrg	16						7	20	
16/1	"	1.00	4.00	"	Atca 2 Scmbrg	16						7	20	
22/1	"	3.15	6.45	"	Scmbrg Program C	16						7	20	
/ /														
/ /														
/ /														
TOTAL													36	00
Less payment received or Claimed from any other body or authority														
Amount Claimed													36	00

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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	5.1.2015	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	Bob Clay	Vehicle Registration Number:		Month Ending:	Jan 2015
Address:				Post Code:	

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting (3) (4)		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 (12)					
		Miles (7)	Rate (8)			Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)							
						£	p	£	p	£	p			£	p		
8/1/15	Home	4.15	4.45	Civic	Community CAC	16	45							7	20		
15/1	"	2.15	5.45	"	Audit	16								7	20		
19/1	"	3.30	6.45	"	Scrubbing Programme	16								7	20		
22/1	"	8.45	11.15	"	House CAC visits (Mrs. M. Michells)	16								7	20		
26/1	"	8.10	10.30	Oldway Ho	TASS weekly w. D. Driffield (COSSD)	16		3	10					3	10		
27/1	"	8.30	1.30	Visit Shell Ice	CAC visits: Maesteg, Yselle												
28/1	"	11.30	6.00	Civic	Places for Help (Penelwedd)	30								13	50		
29/1	"	1.30	3.45	"	Spec. Scrubbing Carch. etc	16								7	20		
1/1					Governors Appoint.	16								7	20		
TOTAL															59	80	
Less payment received or Claimed from any other body or authority																	
Amount Claimed															59	80	

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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	5.1.2015	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

03 MAR 2015 COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	Bob Clay	Vehicle Registration Number:	[REDACTED]	Month Ending:	February 2015
Address:	[REDACTED]			Post Code:	[REDACTED]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (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 (12) £ p		
		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				
						Miles (7)	Rate (8) p							
5/2/15	Home	1.15	4.30	Civic	CAE Communities	16	45					7	20	
9/2/15	"	8.45	12.30	Civic	Gypsy Scouting (Special)	16						7	20	
16/1/15	"	3.15	6.45	"	Scouting Prey run	16						7	20	
17/1/15	"	3.30	4.45	"	Meet. w. officers (D. McKenna, Debra)	16						7	20	
4/2/15	"	2.15	5.30	Civic	Meet ofcws re. Llanlas School	16						7	20	
1/1/15														
1/1/15														
1/1/15														
1/1/15														
TOTAL													36	00
Less payment received or Claimed from any other body or authority														
Amount Claimed													36	00

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For Office Use	
Checked by:	[Signature]
Payroll No:	_____
Month Paid:	_____

Date: 3.3.2015

Sig [REDACTED]

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

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)


30 MAR 2015

Councillor:	Bob Clay	Vehicle Registration Number:	[REDACTED]	Month Ending:	March 2015
Address:	[REDACTED]		[REDACTED]	Post Code:	[REDACTED]

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		Start (3)	End (4)			Place e.g. Civic Centre	(If not a Standard Council Diary meeting please provide the name of the officer present)	Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)		(12)	
								Miles (7)	Rate (8)			£	p	£	p
5/3/15	home	1.15	4.30	Guildhall	Community Finance CAC	14	45							6	30
11/1	"	4.15	7.30	Guildhall	Democratic Services	14								6	30
12/1	"	2.15	5.45	"	audit	14								6	30
16/1	"	3.15	6.45	"	Scouting Programme	14								6	30
24/1	"	2.15	5.	"	WASS prep. - Mike Hanes	14								6	30
1/1					Bel's Driffield										
1/1															
1/1															
1/1															
1/1															
TOTAL														31	150
Less payment received or Claimed from any other body or authority															
Amount Claimed														31	50

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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date: 31.3.2015 Signature of Councillor: [REDACTED]

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

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

02 JUN 2015

Councillor:	Bob Clay	Vehicle Registration Number:	[REDACTED]	Month Ending:	April 2015 May 2015
Address:	[REDACTED]	[REDACTED]	[REDACTED]	Post Code:	[REDACTED]


(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		
1/4/15	home	4.00	6.00	Civic C.	meet Leades / CAC chair / centre	16	45										
2/1/	"	4.15	6.45	Guildhall	Scouting: Travellers	14											7 20
9/1/	"	2.15	5.45	"	Academy	14											6 30
13/1/	"	3.15	6.45	Civic C.	Scouting Programme C.	16											6 30
27/1/	"	1.15	4.45	"	" IASS	16											7 20
28/1/	"	9.15	12	Guildhall	Meet w. Carb memb. CAC chair	14											6 30
1/1/					Offes (Dave Evans, house)												
1/1/																	
1/1/																	
1/1/																	
TOTAL																	34 20

Less payment received or Claimed from any other body or authority
Amount Claimed

34 20
34 20

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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date: 2.6.2015

Signature of Councillor: [REDACTED]

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