

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

- 5 APR 2017

Councillor: Bob Clay		Vehicle Reg. [REDACTED]		Month Ending: March 2017	
Address: [REDACTED]		Engine Size [REDACTED]		Post Code: [REDACTED]	
Fuel Type (e.g. Petrol/Diesel) [REDACTED]					

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (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	
		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	£	p	£	p
✓ 7/3/17	Home	12.00	4.45	Guildhall	Special. CAC	14	45			6	30		
* 21/3/17	"	8am	11.00	"	meet Mark Thomas, Mark Jones and others	14	45			6	30		
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/ /													
										TOTAL		12	60
										Less payment received or Claimed from any other body or authority			
										Amount Claimed		12	60

* No evidence of mtgs. No reply rec'd from my email to officers.

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 [REDACTED]

For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: **2.4.2017** Signature of Councillor: [REDACTED]

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

5/4/17.