

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

04 JUL 2014

Councillor:	K. E. MARSH	<u>Vehicle Reg.</u>		Month Ending:	30 APRIL 2014
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty (2)		Time of Meeting (3)		Location of Duty (5)	Description of Approved Duties (6) <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances				Subsistence		Totals (12)		
	Place e.g. Home	Start	End	Place e.g. Civic Centre	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
1/4/14	HOME	0900	1730	CIVIC CENTRE	AREA 1 SV & COMMITTEE	12	45	5	40			5	40		
3/4/14		0950	14.10		APPEALS & AWARDS	12		5	40			5	40		
7/4/14		0900	1715		AREA 2 SV	12		5	40			5	40		
8/4/14		0900	1630		AREA 2 SV & COMMITTEE	12		5	40			5	40		
9/4/14		1445	1830	GUILD HALL	INWARD INVESTMENT	10		4	50			4	50		
15/4/14		1530	1900		COUNCIL	10		4	50			4	50		
16/4/14		0900	1500	CIVIC CENTRE	LICENSING SUB	12		5	40			5	40		
17/4/14		1500	1910	GUILDHALL	DEV. MGT & CONTROL	10		4	50			4	50		
25/4/14		0900	1530	CIVIC CENTRE	LICENSING	12		5	40			5	40		
30/4/14	HOME	1400	1830		INWARD INVESTMENT	12	45	5	40			5	40		
								<b>TOTAL</b>		51	30			51	30
								Less payment received or Claimed from any other body or authority							
								Amount Claimed		51	30			51	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.

<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	04.06.2014	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)

Councillor:	K.E. MARSH	<u>Vehicle Reg.</u>		Month Ending:	31 MAY 2014
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

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)			
		Start	End			Travel by Vehicle (7)	Rate (8)	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)				Outside the Authority's Area Only (11)	
								£	p	£	p			£	p
8/5/14	HOME	16 00	19 00	GUILDHALL	COUNCIL	10	45			4	50			4	50
9/5/14		13 00	18 00		CEREMONIAL COUNCIL	10	1			4	50			4	50
13/5/14	HOME	14 00	18 00	SHARSEA UNIVERSITY	SITE VISIT - INWARD INVESTMENT	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															

	TOTAL	12	60					12	60
Less payment received or Claimed from any other body or authority									
Amount Claimed		12	60					12	60

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**For Office Use**

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date:	04.06.2014	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)

Councillor:	K.E. MARSH	Vehicle Registration Number:		Month Ending:	JUNE 30/2014
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Address:		Post Code:	
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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) £ p			
		Start	End			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	£
3/6/14	HOME	08:00	17:00	CIVIC CENTRE	AREA 2 + SN.	12	45			5	40			5	40
5/6/14		14:00	19:00		STREET SCENE	12				5	40			5	40
10/6/14		13:00	18:30		PLANNING SESSION	12				5	40			5	40
11/6/14		13:30	18:30		STREET SCENE	12				5	40			5	40
13/6/14		09:00	14:30		APPEALS & AWARDS	12				5	40			5	40
18/6/14		13:00	17:00		Ref WAP	12				5	40			5	40
19/6/14		14:15	19:30	CIVIC CENTRE	DEV & MGT CONTROL	12				5	40			5	40
23/6/14		17:00	21:30	CIVIC CENTRE	GENERAL AONB	12				5	40			5	40
24/6/14		09:30	16:30	CIVIC CENTRE	AREA 1	12				5	40			5	40
1/1	HOME						45								
<b>TOTAL</b>										<b>48</b>	<b>60</b>			<b>48</b>	<b>60</b>
Less payment received or Claimed from any other body or authority										<b>4</b>					
Amount Claimed										<b>48</b>	<b>60</b>			<b>48</b>	<b>60</b>

- 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:	05.09.2014	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)

Councillor:	K.E. MARSH	Vehicle Registration Number:		Month Ending:	JULY / 2014
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) £ p		
		Miles (7)	Rate (8) p			Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p		Outside the Authority's Area Only (11) £ p					
							£	p	£	p	£			p
1/7/14	HOME	0815	1700	CIVIC CENTRE	AREA 2 & SV	12	45		5	40			5	40
2/7/14		1400	1900		STANDARD INVEST	12			5	40			5	40
<del>3/7/14</del>		<del>1500</del>	<del>1900</del>		<del>DEV &amp; LICENT CONTROL</del>	<del>12</del>			<del>5</del>	<del>40</del>			<del>5</del>	<del>40</del>
14/7/14		1600	1930		STREET SCENE SCR.	12			5	40			5	40
15/7/14		1400	2000		COUNCIL	12			5	40			5	40
16/7/14		1530	1910		DEMOCRATIC SICES	12			5	40			5	40
23/7/14		1200	2000		DATA PROTECTION / FOI	12			5	40			5	40
28/7/14		0830	1700		AREA 2 SV	12			5	40			5	40
29/7/14		0815	1730		AREA 2 + SV.	12			5	40			5	40
30/7/14		1430	1930		COUNCIL	12			5	40			5	40
31/7/14	HOME	0910	1400	CIVIC CENTRE	SPECIAL TAXI LICENSING	12	45	<del>TOTAL</del>	5	40			5	40

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

-	-	-	-	-	-
54	00			54	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.

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**For Office Use**

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date:	05/09/2014	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)

05 SEP 2014

Councillor:	K.E. MARSH	Vehicle Registration Number:		Month Ending:	AUGUST 31/2014
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Address:		Post Code:	
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(1)	Start & End of Duty (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	£			p	£
1/8/14	HOME	0850	1330	CIVIC CENTRE	APPEALS & AWARDS	12	45			5	40			5	40
12/8/14		1400	1900		COUNCIL	12				5	40			5	40
14/8/14		1430	1910		DEV & MGT. CONTROL	12				5	40			5	40
19/8/14		1330	1700		AREA 1 & 2	12				5	40			5	40
22/8/14		0900	1515		GEN. LICENSING	12				5	40			5	40
26/8/14		0745	2000		AREA 2 PLANNING & SV.	12				5	40			5	40
29/8/14	HOME	0900	1400	CIVIC CENTRE	APPEALS & AWARDS	12	45			5	40			5	40
1/1															
1/1															
1/1															
<b>TOTAL</b>										37	80			37	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										37	80			37	80

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<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	05/09/2014	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)

Councillor:	K.E. MARSH	Vehicle Registration Number:		Month Ending:	30 SEPTEMBER 2014
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)			
		Travel by Vehicle (7)	Rate (8)			Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)					
												Miles (7)	Rate (8)	£	p
8/9/14	HOME	0905	14 50	CIVIC CENTRE	SDF PANEL	12	45			5	40			5	40
9/9/14		14.30	20 00	" "	COUNCIL	12				5	40			5	40
11/9/14		12 30	13 00	" "	BRIEFING	12				5	40			5	40
12/9/14		09 30	16 40	PORT TALBOT	ARCHIVES COMMITTEE	29				13	05			13	05
16/9/14		0900	17 30	CIVIC CENTRE	AREA 2 SY & COMMITTEE	12				5	40			5	40
17/9/14		15 00	19 10	" "	SEMINAR	12				5	40			5	40
22/9/14		18 15	<del>19 30</del>	" "	CAR PARK W/EP	12				5	40			5	40
22/9/14		18 15	21 30	GREYHOUND BANQUET	ADMB (GREYHOUND INN, OLD WALLS)	18				8	10			8	10
23/9/14		0750	18 10	CIVIC CENTRE	AREA 2 SY & COMMITTEE	12				5	40			5	40
30/9/14	HOME	14 15	20 20	" "	COUNCIL	12	45			5	40			5	40
<b>TOTAL</b>										<b>64</b>	<b>35</b>			<b>64</b>	<b>35</b>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<b>64</b>	<b>35</b>			<b>64</b>	<b>35</b>

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.

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**For Office Use**

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 3	3 NOVEMBER 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)


04 NOV 2014

Councillor:	K.E. MARSH	Vehicle Registration Number:		Month Ending:	31 OCTOBER 2014
Address:				Post Code:	

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		Start	End			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)	
								Miles (7)	Rate (8)					£	p
3/10/14	HOME	0830	1530	CIVIC CENTRE	APPEALS & AWARDS	12	45			5	40			5	40
8/10/14		1300	1745	✓	✓	12				5	40			5	40
9/10/14		1620	2010	"	"	12				5	40			5	40
17/10/14		0910	1530	"	"	12				5	40			5	40
20/10/14		1520	1940	✓	"	12				5	40			5	40
21/10/14		0800	1810	✓	"	12				5	40			5	40
23/10/14		1330	1730	"	"	12				5	40			5	40
24/10/14		0845	1300	✓	✓	12				5	40			5	40
30/10/14		1400	1820	✓	✓	12				5	40			5	40
24/10/14	HOME	0915	1500	PER HEAD DOORS	RRT HEALTH AUTHORITY (APB OFFICES)	20	45			9	00			9	00
<b>TOTAL</b>										52	20			52	20
Less payment received or Claimed from any other body or authority															
Amount Claimed										52	20			52	20

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**For Office Use**

Checked by: 

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 3 NOVEMBER 2014

Signature of Councillor: \_\_\_\_\_

**Please, Submit claims within 3 months of duty with fuel VAT receipt** \*No evidence of mileage through

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

05 JAN 2015

Councillor:	KEITH E. MARSH	Vehicle Reg.		Month Ending:	30 NOVEMBER 2014
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)		
								Miles (7)	Rate (8)		£			p	£	p
4/11/14	HOME	14.00	20.05	CNVC CENTRE	COUNCIL	12	45			5	40			5	40	
6/11/14		13.45	18.50		CAR PARKS W.G.	12				5	40			5	40	
7/11/14		08.30	14.30		APPEALS & AWARDS	12				5	40			5	40	
11/11/14		13.00	17.40		AREA 1 PLANNING COMMITTEE	12				5	40			5	40	
12/11/14		13.40	18.25		SERVICE IMPROVEMENT SC. PANEL	12				5	40			5	40	
14/11/14		09.00	14.30		LICENSING	12				5	40			5	40	
17/11/14		14.20	18.40		TOURISM SCRUTINY PANEL	12				5	40			5	40	
18/11/14		08.00	18.20		AREA 2 SV. & PLANNING COMMITTEE	12				5	40			5	40	
25/11/14		15.00	19.15		SCRUTINY TRAINING	12				5	40			5	40	
28/11/14	HOME	08.45	14.10	CNVC CENTRE	APPEALS & AWARDS	12	45			5	40			5	40	
<b>TOTAL</b>										54	00			54	00	
Less payment received or Claimed from any other body or authority																
Amount Claimed										54	00			54	00	

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*For Office Use*

Checked by: 

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 06.01.2015      Signature of Councillor: \_\_\_\_\_

**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:	KEITH E. MARSH	Vehicle Reg.		Month Ending:	16 DECEMBER 2014
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			


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)			
		Start	End			Travel by Vehicle Miles (7)	Rate p (8)	Fares, Tolls, Parking, etc £ p (9)		Total Travelling Allowance Claimed £ p (10)				Outside the Authority's Area Only £ p (11)	
2/12/14	HOME	14 00	19 30	CIVIC CENTRE	COUNCIL	12	45			5	40			5	40
3/12/14		13 00	16 45	" "	RIGHTS OF WAY										
1/1		15 00	19 00	" "	DEMOCRATIC SERVICES	12				5	40			5	40
4/12/14		13 05	-	" "	SERVICE IMPROVEMENT SC PANEL										
1/1		-	18 30	CIVIC CENTRE	DEVELOPMENT CONTROL	12				5	40			5	40
8/12/14		18 30	21 00	LANRIDIAN	ANG B LANRIDIAN HOLIDAY PARK	20				9	00			9	00
9/12/14		15 00	18 50	CIVIC CENTRE	DEFAMATION TRAINING	12				5	40			5	40
10/12/14		14 20	18 45	" "	SERVICE IMPROVEMENT SC PANEL	12				5	40			5	40
12/12/14		09 00	14.20	" "	GENERAL LICENSING/ ARCHIVES	12				5	40			5	40
16/12/14	HOME	13 15	18.00	CIVIC CENTRE	AREA 2 PLANNING COMMITTEE	12	45			5	40			5	40
<b>TOTAL</b>										46	80			46	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										46	80			46	80

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.

<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	06.01.2015	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:		K. E. MARSH			Vehicle Registration Number: [REDACTED]			Month Ending:		31 JANUARY 2015								
Address:		[REDACTED]						Post Code:		[REDACTED]								
(1)	Date of Meeting	Start & End of Duty		Time of Meeting	Location of Duty	Description of Approved Duties	Travelling Allowances				Subsistence		Totals					
		Place e.g. Home	Start				End	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)		Totals (12)	
										Miles (7)	Rate (8)		£	p	£	p	£	p
6/1/15	HOME	17 00	19 30	CIVIC CENTRE	COUNCIL	12	45			5	40			5	40			
7/1/15		17 00	18 30		SERVICE IMPROVEMENT	12				5	40			5	40			
9/1/15		10 00	11 45		GENERAL LICENSING	12				5	40			5	40			
14/1/15		17 00	18 30		SERVICE IMPROVEMENT	12				5	40			5	40			
28/1/15		14 00	18 30		RIGHTS OF WAY / CORPORATE CULTURE	12				5	40			5	40			
29/1/15	HOME	16 00	18 00	CIVIC CENTRE	COUNCILLOR TRAINING	12	45			5	40			5	40			
/ /																		
/ /																		
/ /																		
<b>TOTAL</b>										32	40			32	40			
Less payment received or Claimed from any other body or authority																		
Amount Claimed										32	40			32	40			

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 [REDACTED]

Date:	31.03.2015	Signature of Councillor:	[REDACTED]
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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

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM


(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	K. E. MARSH	Vehicle Registration Number:		Month Ending:	28 FEBRUARY 2015
Address:				Post Code:	

(1)	Date of Meeting	Start & End of Duty Place e.g. Home (2)	Meeting		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 Miles (7)	Rate p (8)	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
									£	p	£	p	£	p	£	p
	5/2/15	HOME	17 00	18 30	CIVIC CENTRE	SERVICE IMPROVEMENT	12	45			5	40			5	40
	6/2/15		16 00	17 50		GENERAL LICENSING	12				5	40			5	40
	11/2/15		17 00	18 30		CORPORATE CULTURE	12				5	40			5	40
	13/2/15		9 30	11 30		APPEALS & AWARDS	12				5	40			5	40
	23/2/15		17 00	18 30	CIVIC CENTRE	COUNCILLOR TRAINING	12				5	40			5	40
	24/2/15	HOME	17 00	19 00	GUILDHALL	COUNCIL	11	45			4	95			4	95
	/ /															
	/ /															
	/ /															
	/ /															
<b>TOTAL</b>											31	95			31	95
Less payment received or Claimed from any other body or authority																
Amount Claimed											31	95			31	95

- 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:	31. 03. 2015	Signature of Councillor:			
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<i>For Office Use</i>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

**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:	K. E. MARSH	Vehicle Registration Number:	[REDACTED]	Month Ending:	31 MARCH 2015
Address:	[REDACTED]			Post Code:	[REDACTED]

(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			
		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	
6/3/15	HOME	0930	1145	CIVIC CENTRE	STATUTORY / GENERAL LICENSING	12	45			5	40			5	40
11/3/15		0930	1830	1	SERVICE IMPROVEMENTS / DEMOCRATIC SKILLS	12				5	40			5	40
13/3/15		0930	1030	CIVIC CENTRE	APPEALS & AWARDS	12				5	40			5	40
9/3/15		1900	2030	Llanrhuddian	GOWER AONB	16				7	20			7	20
<del>7/3/15</del>		<del>1100</del>	<del>1830</del>	<del>CIVIC CENTRE</del>	<del>STREET SCENE</del>	<del>12</del>				<del>5</del>	<del>40</del>			<del>5</del>	<del>40</del>
19/3/15		1000	NOON	GUILD HALL	PLANNING SERVICE	11				4	95			4	95
20/3/15		0930	10.10	CIVIC CENTRE	LICENSING SUB	12				5	40			5	40
26/3/15		0900	11.30	GUILD HALL	LICENSING SUB	11				4	95			4	95
31/3/15	HOME	17.00	1900	GUILD HALL	COUNCIL	11	45			4	95			4	95
- / - / -															

<b>TOTAL</b>										43	65			43	65
Less payment received or Claimed from any other body or authority															
<b>Amount Claimed</b>										43	65			43	65


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:	31.03.2015	Signature of Councillor:	[REDACTED]
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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)

03 JUL 2015

Councillor:	KEITH E. MARSH	Vehicle Registration Number:		Month Ending:	30 APRIL 2015
Address:				Post Code:	

(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)		
								Miles (7)	Rate (8)		£			p	£	p
✓ 10/4/15	HOME	10.00	10.40	GUILDHALL	GENERAL LICENSING COMMITTEE	✓ 11	45			4	95			4	95	
✓ 15/4/15		13.30	15.30	CNIC CENTRE	SERVICE IMPROVEMENT/FINANCE SCRUTINY PERFE	✓ 12				5	40			5	40	
✓ 28/4/15		14.30	19.10	GUILDHALL	COUNCIL	✓ 11				4	95			4	95	
✓ 28/4/15	HOME	09.00	13.15	GUILDHALL	LICENSING SUB	✓ 11	45			4	95			4	95	
/ /																
/ /																
/ /																
/ /																
/ /																
<b>TOTAL</b>										20	25			20	25	
Less payment received or Claimed from any other body or authority																
Amount Claimed										20	25			20	25	

- 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.

<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	03.07.2015	Signature of Councillor:	
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**Please, Submit claims within 3 months of duty with fuel VAT receipt**