

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	KEITH E. MARSH	Vehicle Registration Number:	[REDACTED]	Month Ending:	31 MAY 2015
Address:	[REDACTED]			Post Code:	[REDACTED]

(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			
		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
13/5/15	HOME	0930	18.30	GUILD HALL	SERVICE IMPROVEMENT / CORPORATE GUIDE	✓ 11	45			4	95			4	95
14/5/15		0910	14.20	GUILD HALL	LICENSING	✓ 11				4	95			4	95
15/5/15		1330	18.10	GUILD HALL	CEREMONIAL COUNCIL	✓ 11				4	95			4	95
19/5/15	HOME	1500	18.45	GUILD HALL	COUNCIL	✓ 11	45			4	95			4	95
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										19	80			19	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										19	80			19	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.

For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	03.07.2015	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)

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

(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	£
8/6/15	HOME	15.00	18.10	CIVIC CENTRE	SCRUTINY PROGRAMME COMMITTEE	✓ 12	45			5	40			5	40
9/6/15		11.00	14.30	GUILDHALL	SUSTAINABILITY W. GROUP	✓ 11				4	95			4	95
10/6/15		10.00	13.15	GUILDHALL	SERVICE IMPROVEMENT	✓ 11				4	95			4	95
12/6/15		09.00	14.30	GUILDHALL	GEN/STAT LICENSING	✓ 11				4	95			4	95
16/6/15		16.00	19.20	GUILDHALL	DEMOCRATIC SERVICES	✓ 11				4	95			4	95
19/6/15		10.00	14.00	GUILDHALL	W. GLAM ARCHIVES	✓ 11				4	95			4	95
25/6/15		12.00	19.30	GUILDHALL	COUNCIL	✓ 11				4	95			4	95
26/6/15		09.00	14.10	APB OFFICES DOCKS	PORT HEALTH AUTHORITY	✓ 20				9	00			9	00
29/6/15	HOME	18.15	20.30	REYNOLDSIAN	AONB AGM	✓ 18	45			8	10			8	10
TOTAL										52	20			52	20
Less payment received or Claimed from any other body or authority															
Amount Claimed										52	20			52	20

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:	03.07.2015	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:	KEITH E MARSH	<u>Vehicle Reg.</u>		<u>Month Ending:</u>	31 AUGUST 2015
Address:		<u>Engine Size</u>		<u>Post Code:</u>	
		<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)			
		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					
✓ 12/08/15	HOME	12.00	15.20	GUILDHALL	SERVICE IMPROVEMENT	11	45			4	95			4	95
✓ 14/08/15		09.00			STATUTORY LICENSE CTR.										
✓ 14/08/15			14.15	GUILDHALL	GENERAL LICENSING CTR	11				4	95			4	95
✓ 24/08/15		09.10	13.30	CIVIC CENTRE	LICENSING SUB CTR	12				5	40			5	40
✓ 27/08/15	HOME	14.30	19.15	GUILDHALL	COUNCIL	11	45			4	95			4	95
/ /															
/ /															
/ /															
/ /															

	TOTAL	20	25			20	25
Less payment received or Claimed from any other body or authority							
Amount Claimed		20	25			20	25

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

Date:	01.10.2015	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)

- 1 DEC 2015

Councillor: **K. E. MARSH**

Address: [REDACTED]

Vehicle Reg: [REDACTED]
 Engine Size: [REDACTED]
 Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Month Ending: **31 October 15**
 Post Code: [REDACTED]

(1)	(2)	(3)	(4)	(5)	(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)	
						Miles (7)	Rate (8)	£	p	£	p	£	p
✓ 5/10/15	HOME	18 30	20 30	PARKMILL	LOWER AONB STEERING (MT. PISGAU)	✓ 9	45	4	05			4	05
✓ 6/10/15		11 08	18 30	CNIC CENTRE	DEMOCRATIC SIDES / SCR. PROG COMM	✓ 12		5	20			4	95
✓ 9/10/15		09 10	14 00	GUILDHALL	GENERAL LICENSING	✓ 11		4	95			4	95
✓ 14/10/15		12 00	15 00	GUILDHALL	SVCE IMPROVEMENT	✓ 11		4	95			4	95
✓ 22/10/15		15 15	20 00	CNIC CENTRE	COUNCIL	✓ 12		5	40			4	95
✓ 23/10/15	HOME	09 30	14 10	GUILDHALL	GENERAL LICENSING	✓ 11	45	4	95			4	95
1/1													
1/1													
1/1													
1/1													
										TOTAL		29	70
										Amount Claimed		29	70

Less payment received or Claimed from any other body or authority

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: **1.12.15**

Signature of Councillor: [REDACTED]

For Office Use

Checked by: *[Signature]*

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)

1 DEC 2015

Councillor: **K.E. MARSH**

Address: [REDACTED]

Vehicle Reg: [REDACTED]

Engine Size: [REDACTED]

Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Month Ending: **30 NOVEMBER 15**

Post Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Start	(4) End	(5) 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)	Travelling Allowances				Subsistence		Totals	
						Travel by Vehicle		Fares, Tolls, Parking, etc		Total Travelling Allowance Claimed		Outside the Authority's Area Only	
						Miles (7)	Rate (8) p	£	p	£	p	£	p
✓ 2/11/15	HOME	0920	1430	CNIC CENTRE	SDF PANEL								
✓ 11/11/15		1035	1450	GUILDHALL	SYCE. IMPROVEMENT	12	45						
✓ 12/11/15		0930	1330	GUILDHALL	CNIC EVENTS	11				5	40		
✓ 13/11/15		0910	1520	GUILDHALL	GENERAL LICENSING	11				4	95		
✓ 18/11/15		0850	1450	CNIC CENTRE	GENERAL LICENSING SUB	11				4	95		
✓ 30/11/15	HOME	0920	1500	CNIC CENTRE	SDF PANEL	12				5	40		
- / -													
/ /													
/ /													
/ /													
						TOTAL		31	05			31	05
						Less payment received or Claimed from any other body or authority							
						Amount Claimed		31	05			31	05

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

Date: **1.12.15**

Signature of Councillor: [REDACTED]

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)

05 FEB 2016

Councillor:	KEITH E MARSH	Vehicle Reg:		Month ending:	30 NOVEMBER 2015
Address:		Engine Size:		Fuel Type:	
		Fuel Type (e.g. Petrol/Diesel):		Post Code:	

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals				
		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 (11)		Totals (12)	
								Miles (7)	Rate (8)		£	p	£	p	£	p
✓ 26/11/15	HOME	14 00	19 30	GUILDHALL	BRIEFING & COUNCIL	11	45			4	95			4	95	
/ /																
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TOTAL £ 4 95
 Less payment received or Claimed from any other body or authority £
Amount Claimed £ 4 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.

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For Office Use

Checked by: _____

Payroll No: _____

Month Paid: _____

Date: 05.02.2016 Signature of Councillor: _____

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

5/2/16

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

FILE COPY

- 4 MAR 2016

Councillor:	K. E. MARSH	Vehicle Reg.		Month Ending	29 FEBRUARY 2016
Address:		Engine Size		Fuel Type	
		Fuel Type (e.g. Petrol/Diesel)		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		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	
✓ 01/02/16	HOME	15:00	19:00	GUILDHALL	TETHERED HORSES SCRUTINY	11	45			4	95			4	95
✓ 03/02/16		08:00	13:20	CIVIC CENTRE	SUSTAINABLE COMMUNITIES SCRUTINY	11				4	95			4	95
✓ 10/02/16		09:40	14:10		SERVICE IMP & FINANCE SCRUTINY	11				4	95			4	95
✓ 12/02/16		09:10	14:30		LICENSING COMMITTEE	11				4	95			4	95
✓ 23/02/16		08:50	13:30	CIVIC CENTRE	SUSTAINABLE DEVELOPMENT PANEL	12				5	40			5	40
✓ 24/02/16		11:45	16:15	CIVIC CENTRE	LDP HOUSING	12				5	40			5	40
✓ 25/02/16		09:00	19:30	GUILDHALL	TRAINING & COUNCIL	11				4	95			4	95
✓ 26/02/16		09:10	16:20	CIVIC CENTRE	LDP DESIGN & NATURAL RESOURCES	11				4	95			4	95
✓ 29/02/16	HOME	13:00	17:20	GUILDHALL	LDP GOWER	11	45			4	95			4	95
TOTAL										45	45			45	45
Less payment received or Claimed from any other body or authority															
Amount Claimed										45	45			45	45

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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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:	04-03-2016	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

71316

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

4 APR 2016

FILE COPY

Councillor:	K. E. MARSH	Vehicle Reg.		Month Ending:	31 MARCH 2016
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		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	
✓ 01/03/16	HOME	09.10	18.00	GUILDHALL/DYCC	LICENSING / LDP RETAIL etc.	12	45			5	40			5	40
✓ 03/03/16		09.10	12.20	GUILDHALL	SUSTAINABLE COMMUNITIES (BUILDINGS)	11				4	95			4	95
✓ 03/03/16		15.30	18.00		INWARD INVESTMENT	11				4	95			4	95
✓ 04/03/16		12.00	16.30		LDP TRANSPORT	11				4	95			4	95
✓ 08/03/16		15.00	18.10		TETHERED HORSES SCR. PANEL	11				4	95			4	95
✓ 09/03/16		10.30	14.15		SERVICE IMPROVEMENT PANEL	11				4	95			4	95
✓ 10/03/16		12.30	19.00		EXTRA COUNCIL	11				4	95			4	95
✓ 11/03/16		09.20	14.15		GENERAL LICENSING	11				4	95			4	95
✓ 12/03/16		09.00	14.40		CEREMONIAL COUNCIL	11				4	95			4	95
✓ 15/03/16	HOME	09.10	12.40	GUILDHALL	SUSTAINABLE COMMUNITIES	11	45			4	95			4	95
TOTAL										49	95			49	95
Less payment received or Claimed from any other body or authority															
Amount Claimed										49	95			49	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.

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

Date:	04.04.2016	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

5/4/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

FILE COPY

Councillor:	K.E. MARSH	Vehicle Registration		Engine No.		Date	30 APRIL 2016
Address:		Engine Size		Year		Postcode	
		Fuel Type		CC			

Date of Meeting (1)	Start & End of Duty		Time of Meeting		Location of Duty	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)				
	Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)	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	
7/4/16	HOME	14.20	18.30		GUILDHALL	EXTRA COUNCIL	11	45			4	95			4	95	
8/4/16		09.10	14.20			GENERAL LICENSING	11				4	95			4	95	
13/4/16		09.20	18.00			SERVICE IMPROVEMENT/SIDING TRAINING	11				4	95			4	95	
14/4/16		08.45	13.45		GUILDHALL	SUSTAINABLE BUILDING PANEL	11				4	95			4	95	
18/4/16		08.45	14.10		CIVIC CENTRE	SDF PANEL	12				5	40			5	40	
18/4/16		12.00	16.10		GUILDHALL	TRAINING EQUALITIES	11				4	95			4	95	
21/4/16		09.50	13.30			TREE PRESERVATION	11				4	95			4	95	
26/4/16		09.05	13.40			APPEALS & AWARDS	11				4	95			4	95	
23/4/16		14.30	18.00			CEREMONIAL COUNCIL	11				4	95			4	95	
28/4/16	HOME	14.10	19.10		GUILDHALL	COUNCIL	11	45			4	95			4	95	
TOTAL												45	00			45	00
Less payment received or Claimed from any other body or authority																	
Amount Claimed												45	00			45	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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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:	5.7.2016	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)

FILE COPY

Councillor:	K. E. MARSH	Vehicle Reg:		Post Code:	
Address:		Engine Size:		Post Code:	31 MAY 2016
		Fuel Type:			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		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)	
								Miles (7)	Rate (8)	£	p	£	p	£	p
11/5/16	HOME	09.40	13.30	GUILDHALL	SERVICE IMPROVEMENT PANEL	11	45	4	95	4	95			4	95
12/5/16		08.20	15.00		APPEALS & AWARDS	11		4	95	4	95			4	95
13/5/16		09.15	14.10		GENERAL LICENSING	11		4	95	4	95			4	95
18/5/16		09.20	13.40		LICENSING SUB	11		4	95	4	95			4	95
18/5/16		09.45	13.00		TETHERED HORSES PANEL	11		4	95	4	95			4	95
19/5/16		14.05	19.10		ANNUAL COUNCIL	11		4	95	4	95			4	95
20/5/16		18.15	16.30		CEREMONIAL COUNCIL	11		4	95	4	95			4	95
27/5/16	HOME	09.10	14.00		GENERAL LICENSING	11	45	4	95	4	95			4	95
11															
11															

TOTAL 39 60

Less payment received or Claimed from any other body or authority 39 60

Amount Claimed 39 60

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: 5.7.2016

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)

THE COPY
5 SEP 2016

Councillor:		KETH E. MARSH				Vehicle Reg.		Colour		Date: 31 July 2016					
Address:						Engine Size		Engine							
						Fuel Type		Post Code							
						Gas									
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			
		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								
✓ 4/7/16	HOME	0900	1430	GUILDHALL	TRUSTEES	11	45			4	95			4	95
✓ 8/7/16		0850	1205		LICENSING.	11				4	95			4	95
✓ 25/7/16		0900	1330		BUILDING SUST. COMMUNITIES PANEL	11				4	95			4	95
✓ 27/7/16		0850	1410		SICE IMPROVEMENTS & FINANCE PANEL	11				4	95			4	95
✓ 28/7/16		1410	1930	GUILDHALL	COUNCIL	11				4	95			4	95
✓ 4/7/16	HOME	1830	2100	REYHOLDSTON	AONB ANNUAL MEETING	18	45			8	10			8	10
1/1															
1/1															
1/1															
TOTAL										32	85			32	85
Less payment received or Claimed from any other body or authority															
Amount Claimed										32	85			32	85

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.
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 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:	5.9.2016	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

5/9/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

FILE COPY

Councillor:		KEITH E. MARSH				Vehicle Reg		Engine	5 SEP 2016					
Address:						Engine Size		Post Code	31 AUGUST 2016					
						Fuel Type								
Date of Meeting (1)	Start & End of Duty (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)		
	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	
✓ 12/8/16	HOME	0810	12 00	GUILDHALL	GENERAL LICENSING	11	45	£		4	95			
✓ 15/8/16		0830	13 30		SICE. MP & FINANCE PANEL	11		£		4	95			
✓ 17/8/16		0820	12 10		SUST. COMMUNITIES PANEL	11				4	95			
✓ 31/8/16	HOME	0855	14 15	GUILDHALL	SICE. MP & FINANCE PANEL	11	45			4	95			
1/1										4	95			
1/1														
1/1														
1/1														
1/1														
1/1														
Less payment received or Claimed from any other body or authority										TOTAL	19	80		
Amount Claimed														
TOTAL										19	80			
Amount Claimed										19	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.

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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: 5.9.2016

Signature of Councillor:

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

slalib.

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

30 NOV 2016
abk/15p

Councillor:	KEITH E. MARSH	Vehicle Reg.		Month Ending:	31 OCTOBER 2016
Address:		Engine Size		Post Code:	
		Fuel Type <small>(e.g. Petrol/Diesel)</small>			

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)			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc £ p (9)	Total Travelling Allowance Claimed £ p (10)		Outside the Authority's Area Only £ p (11)				
						Miles (7)	Rate (8) p		£	p	£			p	£
✓ 14/10/16	HOME	10.00	11.30	GUILDHALL	GENERAL LICENSING	11	45			4	95			4	95
✓ 18/10/16		17.00	18.20		DEMOCRATIC SERVICES	11				4	95			4	95
✓ 19/10/16		10.00	11.20		PLANNING W.G	11				4	95			4	95
✓ 20/10/16		17.00	18.00		COUNCIL (CEREMONIAL)	11				4	95			4	95
✓ 26/10/16		14.00	16.00		TRUSTEES	11				4	95			4	95
✓ 12/10/16		10.00	12.00		PLANNING S.G	11				4	95			4	95
1/1															
21/10/16	HOME	10.00	13.00	APB OFFICES	SWANSE PORT HEALTH AUTHORITY - LOCK (ENTRANCE OF DOCK NOW AT CRIMMIN BARRONS)	21				9	45			9	45
1/1															
1/1															
TOTAL										39	15			39	15
Less payment received or Claimed from any other body or authority															
Amount Claimed										39	15			39	15

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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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:	30 NOVEMBER 16	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)

30 NOV 2016
abtwr15pr

Councillor:	KEITH E. MARSH	Vehicle Reg.	[REDACTED]	Month Ending:	30 NOVEMBER 2016
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[REDACTED]		

(1)	Date of Meeting	Start & End of Duty Place e.g. Home	Time of Meeting		Location of Duty Place e.g. Civic Centre	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	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	
✓	2/11/16	HOME	10.00	12.00		SERVICE IMPROVEMENT	11	45			4	95			4	95
✓	8/11/16		9	9		WORKSHOP	11				4	95			4	95
✓	11/11/16		10.00	12.00		GENERAL LICENSING	11				4	95			4	95
✓	15/11/16	HOME	15.00	17.00		BRIEFING (HORSES H.C.)	11	45			4	95			4	95
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															

TOTAL										19	80			19	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										19	80			19	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.

For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: 30 NOVEMBER 16 Signature of Councillor: [REDACTED]

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

11/12/16

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

- 6 MAR 2017
11-32am

Councillor:	KEITH E. MARSH	Vehicle Reg.		Month Ending:	31 JANUARY 2017
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(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		
✓ 12/1/17	HOME	17 00	19 00	CIVIC CENTRE	HMO SCRUTINY	12	45			5	40			5	40	✓
✓ 13/1/17		10 00	11 30	GUILDHALL	LICENSING	11				4	95			4	95	✓
✓ 25/1/17		10 00	11 30	— " —	SERVICE IMPROVEMENT, etc.	11				4	95			4	95	✓
✓ 20/1/17		10 15	12 30	PIER S SEA DOGS	SWANSEA PORTHEALTH AUTHORITY	20				9	00			9	00	✓
* 26/1/17	HOME	11 00	12 30	PENCLANDRA CC	AONB	10	45			4	50			4	50	✓
1/1																
1/1																
1/1																
1/1																

	TOTAL	28	80		28	80
* no evidence as officer on leave	Less payment received or Claimed from any other body or authority					
	Amount Claimed	28	80		28	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.

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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:	06.02.2017	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

6/2/17

