

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

09 JUN 2014

Councillor:	10 AM RICHARD	Vehicle Registration Number & Engine Size	Month Ending:	31-5-14
Address:				
			Post Code:	

(1)	Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances				Subsistence		Totals			
			Start	End			Place e.g. Civic Centre	Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed		Outside the Authority's Area Only		Totals	
								Miles (7)	Rate (8)		£	p	£	p	£	p
	8/5/14	HOME	4.30	6.30	CIVIC CENTRE	FULL COUNCIL	19	45			8	55			8	55
	9/5/14	HOME	11.15	5.45	GALLMALL	FULL COUNCIL (CIVIC CEREMONY)	18	45			8	10			8	10
	27/5/14	-11-	10.00	5.15	CIVIC CENTRE	AREA PLANNING SITES & COMMITTEE	19	45			8	55			8	55
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
	/ /															
TOTAL											25	20			25	20
Less payment received or Claimed from any other body or authority											-	-			-	-
Amount Claimed											25	20			25	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:	31-5-14	Signature of Councillor:	
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

26 JUN 2014

Councillor:	IDAN M RICHARD	Vehicle Reg.	Month Ending:	
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) p	Rate (8) p			£	p	£	p	£	p
17/6/14	HOME	4.30	7.30	CIVIC CENTRE	FULL COUNCIL	19	45			8	55			8	55
26/6/14	-	9.30	1.30	CIVIC CENTRE	JCC	19	45			8	55			8	55
/ /															
/ /															
/ /															
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	TOTAL	17	10			17	10
Less payment received or Claimed from any other body or authority							
Amount Claimed		17	10			17	10

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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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: 26-6-14

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)

09 OCT 2014


Councillor:		IDAN M RICHARD				Vehicle Reg.				Month Ending:		30-9-14	
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 (12)	
		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						
9/9/14	HOME	4.30	7.40	CIVIC CENTRE	FULL COUNCIL	19	45			8	55		
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
TOTAL										8	55		
Less payment received or Claimed from any other body or authority										-	-		
Amount Claimed										8	55		

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: 30-9-14

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)

03 NOV 2014

Councillor:	IOAN RICHARD	Vehicle Registration Number & Engine Size		Month Ending:	31-10-14
Address:				Post Code:	

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		(3)	(4)			(7)	(8)	(9)	(10)		(11)		(12)		
									Place e.g. Home	Place e.g. Civic Centre	Miles	Rate	£	p	£
9/10/14	HOME	4.30	6.30	CIVIC CENTRE	FULL PLANNING	19	45			8	55			8	55
16/10/14	HOME	9.00	1.30	CIVIC CENTRE	SCC	19	45			8	55			8	55
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										17	10			17	10
Less payment received or Claimed from any other body or authority															
Amount Claimed										17	10			17	10

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.

Date:	31-10-14	Signature of Councillor:
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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

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

Councillor:	IOAN M RICHARD	Vehicle Reg.		Month Ending:	31-12-14
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			


(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	Total Travelling Allowance Claimed			Outside the Authority's Area Only			
								Miles (7)	Rate (8)		£			p	£	p	£
9/12/14	Home	9.30	3.30	CIVIC CENTRE	MEETING PLANNING	19	45	£	p	£	p	£	p	8	55		
/ /					INSPECTORATE AT THEIR REQUEST												
/ /					MEETING AND SITE MEETING RE ABERGELLI GAS POWER STATION												
/ /					PROPOSAL FOR MAWR WARD WITH RYAN THOMAS ETC HEAD OF PLANNING												
/ /					SEE ATTACHED SHEET												
		5 6		+ Data/mation Training				TOTAL		8	55			8	55		
										Less payment received or Claimed from any other body or authority							
										Amount Claimed		8	55			8	55

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

Date:	9-12-14	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)

03 DEC 2014

Councillor:		IOAN RICHARD			Vehicle Registration Number & Engine Size			Month Ending:		30-11-14						
Address:								FUEL TYPE:		Post Code:						
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)	Travelling Allowances				Subsistence		Totals				
	Place e.g. Home	Start	End	Place e.g. Civic Centre		Travel by Vehicle	Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed		Outside the Authority's Area Only		Totals				
	(2)	(3)	(4)	(5)	(6)	Miles (7)	Rate (8) p	£	p	£	p	£	p	£	p	
4/11/14	HOME	3pm	4.30	CIVIC CENTRE	SPECIAL COUNCIL AND FULL COUNCIL AREA PLANNING SITES AND COMMITTEE	19	45			8	55			8	55	
4/11/14	-H-	4.30	6.30	-H-												
11/11/14	-H-	10am	4.30	-H-			19	45			8	55			8	55
/ /																
/ /																
/ /																
/ /																
/ /																
/ /																
TOTAL										17	10			17	10	
Less payment received or Claimed from any other body or authority																
Amount Claimed										17	10			17	10	

- 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:	30-11-14	Signature of Councillor:	
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)


03 DEC 2014

Councillor:	IOAN RICHARD	Vehicle Registration Number & Engine Size	Month Ending:	30-11-14
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		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	£
25/11/14	HOME	2pm	4pm	CIVIC CENTRE	PLANNING BRIEFING FOR LDP FOR MAWR WARD AT DEPARTMENT'S REQUEST NOT MY REQUEST BRIEFING WITH OFFICERS EMYR JONES & SARAH JENKINS REPRESENTING DIRECTOR	19	45			8	55			8	55
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										8	55			8	55
Less payment received or Claimed from any other body or authority															
Amount Claimed										8	55			8	55

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Date:	30-11-14	Signature of Councillor:	
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For Office Use	
Checked by:	
Payroll No:	
Month Paid:	


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

03 DEC 2014

Councillor:		IOAN RICHARD			Vehicle Registration Number & Engine Size			Month Ending:		30-11-14					
Address:								Post Code:							
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances				Subsistence		Totals			
	Place e.g. Home	Start	End	Place e.g. Civic Centre		Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed	Outside the Authority's Area Only					
	(2)	(3)	(4)	(5)		(6)	Miles (7)	Rate (8) p	£ (9)	p (10)	£ (11)	p (12)	£ (12)	p (12)	
26/11/14	HOME	9.20	4.30	LLANRHIDIAN HOLIDAY PARK	ALL DAY SEMINAR FOR RURAL WARDS	31	45			13	95			13	95
/ /				SABIEU	SWANSEA RURAL DEVELOPMENT WITH OFFICER PAUL RELF AND OTHERS AT THE REQUEST OF DIRECTOR NOT MY REQUEST										
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										13	95			13	95
Less payment received or Claimed from any other body or authority															
Amount Claimed										13	95			13	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: 30-11-14 Signature of Councillor: _____

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

12 FEB 2015

Councillor:	IOAN M RICHARD	Vehicle Registration Number & Engine Size	[REDACTED]	Month Ending:	- -
Address:	[REDACTED]	[REDACTED]	[REDACTED]	Post Code:	[REDACTED]

(1)	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		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
1/12/14	HOME	9.30	1.00	CIVIC CENTRE	SCC	19	45			8	55			8	55
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										8	55			8	55
Less payment received or Claimed from any other body or authority															
Amount Claimed										8	55			8	55


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For Office Use

Checked by: 

Payroll No: _____

Date: 31-12-14 | Signature of Councillor: [REDACTED]

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

12 FEB 2015

Councillor:	IOAN M RICHARD	Vehicle Registration Number & Engine Size		Month Ending:	- -
Address:				Post Code:	

Date of Meeting (1)	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	End			Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)		
		(3)	(4)			Miles (7)	Rate (8)		£	p	£	p	£	p	
6/1/15	HOME	4:30pm	7:30pm	CIVIC CENTRE	FULL COUNCIL	19	45			8	45			8	45
20/1/15	HOME	1:30pm	5pm	CIVIC CENTRE	PLANNING	19	45			8	45			8	45
/ /															
/ /															
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/ /															
/ /															
/ /															
/ /															
TOTAL										17	90			17	90
Less payment received or Claimed from any other body or authority															
Amount Claimed										17	90			17	90

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: _____

Date: 31-1-15 Signature of Councillor:

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

09 MAR 2015

Councillor:	IOAN M RICHARD	Vehicle Registration Number & Engine Size		Month Ending:	28-2-15
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	Total Travelling Allowance Claimed			Outside the Authority's Area Only		
								Miles (7)	Rate (8)		£			p	£	p
12/12/15	HOME	10am	1pm	CIVIC CENTRE	SCC	19	45			8	55			8	55	
17/12/15	HOME	10am	4pm	CIVIC CENTRE	PLANNING SITES + PLANNING COMMITTEE	19	45			8	55			8	55	
24/12/15	HOME	4.30pm	8pm	CIVIC CENTRE	SPECIAL COUNCIL	19	45			8	55			8	55	
1/1																
1/1																
1/1																
1/1																
1/1																
1/1																
1/1																
TOTAL										25	65			25	65	
Less payment received or Claimed from any other body or authority																
Amount Claimed										25	65			25	65	

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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An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date: 28-2-15 Signature of Councillor: [Redacted]

For Office Use

Checked by: [Signature]

Payroll No: _____

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

8 APR 2015

Councillor:	IOAN M RICHARD	Vehicle Registration Number & Engine Size	[REDACTED]	Month Ending:	31-3-15
Address:	[REDACTED]	[REDACTED]	[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	
1/3/15	Home	2pm	8pm	GUILDHALL	PLANNING + FULL COUNCIL	18	45			8	50			8	50
4/3/15	Home	8.30	5.30pm	GUILDHALL	PLANNING TRAINING	18	45			8	50			8	50
7/3/15	Home	9.15	4.00pm	GUILDHALL	SITES + COMMITTEE PLANNING	19	45			8	50			8	50
11/3/15	Home	4.30	8.00pm	GUILDHALL	FULL COUNCIL	18	45			8	50			8	50
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										32	40			32	40
Less payment received or Claimed from any other body or authority															
Amount Claimed										32	40			32	40


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.

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.

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.

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: _____

Date: 31-3-15 | Signature of Councillor: [REDACTED]

12 MAY 2015

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	IOAN M RICHARD	Vehicle Registration Number & Engine Size		Month Ending:	APRIL
Address:				Post Code:	

(1)	Start & End of Duty		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)		
	Place e.g. Home (2)	Start (3)	End (4)	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
28/4/15	HOME	4.30pm	7.30pm	GUILDHALL	FULL COUNCIL	19	45			8	55			8	55
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										8	55			8	55
Less payment received or Claimed from any other body or authority															
Amount Claimed										8	55			8	55

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: 30-4-15 Signature of Councillor:

01 JUN 2015

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

Councillor: IOAN M RICHARD Vehicle Registration Number & Engine Size: [REDACTED] Month Ending: 31-5-15

Address: [REDACTED] Post Code: [REDACTED]

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			
		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		Totals (12) £ p		
						Miles (7)	Rate (8) p		£	p	£	p	£	p	
21/5/15	HOME	3:30pm	4pm	GUILDHALL	PLANNING	18	45			8	10			8	10
5/5/15	HOME	1:30pm	2:30	GUILDHALL	COUNCIL	18	45			8	10			8	10
9/5/15	HOME	4:30pm	6:45pm	GUILDHALL	COUNCIL	18	45			8	10			8	10
1/1															
31/4/15	HOME	11:30	6:30	GUILDHALL	COUNCIL	18	45			8	10			8	10
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										32	40			32	40
Less payment received or Claimed from any other body or authority															
Amount Claimed										32	40			32	40

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.

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.

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.

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: _____

Date: 31 5 15 Signature of Councillor: [REDACTED]