PLEASE COMPLETE THIS FORM IN BLOCK INK

09 NOV 2012

CITY AND COUNTY OF SWANSEA
DINAS A SIR ABERTAWE

CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES

Councillor: JILL BURGESS **Vehicle Registration No:** JIB 209 **Engine Size:** 3500 cc

Address: 25 WORCESTER DRIVE LANGLAND **Month Ending:** NOV 2012

Date	Start of Duty Place	Start of Duty Time	End of Duty Place	End of Duty Time	Description of Approved Duties	Travelling Allowances: Travel by Vehicle Miles	Travel by Vehicle Rate p	Fares, Tolls, Parking, etc £ p	Allowance Claimed £ p	Subsistence: Outside the Authority's Area Only £ p	Totals £ p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
31 OCT	Civic Centre	1000	Civic	1115	Standards Committee (training)	10	45p				4 50
09 NOV	Civic Centre	0930	Civic	1100	Standards Committee	10	45p		99 00		103 50

Where travel is by own vehicle, please state vehicle registration no and engine size

If the mileage rate claimed in column 8 is the higher mileage rate please give reason for claiming at this rate:

TOTAL		108 00
Less payment received or claimed from any other body or authority		
Amount Claimed		108 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 a member of this Authority and that I have actually and necessarily paid the fares, fees and made the other payments shown in column 9 and incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the City and County of Swansea.

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.

Date 9 NOV 2012 Signature of Councillor J Burgess

For Office Use

Checked by:

Payroll No:

Month Paid:

C:\Users\Brian\AppData\Local\Temp\Temp1_Attachments_2012_11_4.zip\Expense Form

Submit claims within 3 months of duty with fuel VAT receipt

PLEASE COMPLETE THIS FORM IN BLACK INK

193 x 45p

City and County of Swansea
Dinas a Sir Abertawe

CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES

06 MAR 2013

Councillor: JILL BURGESS **Vehicle Registration No:** J1B 209 **Engine Size:** 3.5

Address: 25 WORCESTER DRIVE SWANSEA **Month Ending:** MARCH 2013

Date	Start of Duty		End of Duty		Description of Approved Duties	Travelling Allowances						Subsistence		Totals	
						Travel by Vehicle		Fares, Tolls, Parking, etc		Allowance Claimed		Outside the Authority's Area Only			
	Place	Time	Place	Time		Miles	Rate p	£	p	£	p	£	p	£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)		(12)	
01 MAR	Home	08 50	Home	16 30	Standards Committee	10	45			99	00			103	50

Where travel is by own vehicle, please state vehicle registration no and engine size

If the mileage rate claimed in column 8 is the higher mileage rate please give reason for claiming at this rate:

TOTAL

Less payment received or claimed from any other body or authority

Amount Claimed 103 50

A I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a member of this Authority and that I have actually and necessarily paid the fares, fees and made the other payments shown in column 9 and incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the City and County of Swansea.

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.

Date 11 March 2013 Signature of Councillor Jill Burgess

For Office Use

Checked by: SDC

Payroll No: _____

Month Paid: _____

Submit claims within 3 months of duty with fuel VAT receipt

C:\Users\Brian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\

PLEASE COMPLETE THIS FORM IN BLACK INK

12 APR 2013

CITY AND COUNTY OF SWANSEA
DINAS A SIR ABERTAWE

CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES

Councillor: _Jili Burgess_____ **Vehicle Registration No:** *JIB 209* **Engine Size:** ____3.5_____
Address: _25 Worcester Drive Swansea_____ **Month Ending:** ___April 2013_____

Date	Start of Duty		End of Duty		Description of Approved Duties	Travelling Allowances				Subsistence		Totals	
						Travel by Vehicle		Fares, Tolls, Parking, etc		Allowance Claimed		Outside the Authority's Area Only	
	Place	Time	Place	Time		Miles	Rate p	£	p	£	p	£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)		(12)	
12/4	Home	09.30	Home	10.30	Standards Committee	10	45			99	00			4	50
														103	50
														103	50

Where travel is by own vehicle, please state vehicle registration no and engine size

If the mileage rate claimed in column 8 is the higher mileage rate please give reason for claiming at this rate:

TOTAL

Less payment received or claimed from any other body or authority

Amount Claimed

A I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a member of this Authority and that I have actually and necessarily paid the fares, fees and made the other payments shown in column 9 and incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the City and County of Swansea.

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.

Date 12/4/2013 Signature of Councillor Jili Burgess

For Office Use

Checked by: SRJ

Payroll No: _____

Month Paid: _____

Submit claims within 3 months of duty with fuel VAT receipt

C:\Users\Brian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1