

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

Councillor:	Cyril anderson	Vehicle Reg.		Month Ending:	31/05/2016
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals (12)			
		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		
								Miles (7)	Rate (8) p				£	p	£
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										Nil		Nil		Nil	
Less payment received or Claimed from any other body or authority															
Amount Claimed										Nil		Nil		Nil	

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:	25/05/2016	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)

Councillor:	Cyril Anderson	Vehicle Reg.	[REDACTED]	Month Ending:	30/06/2016
Address:	[REDACTED]	Engine Size	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	..		

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			£
/ /							45							
/ /														
/ /														
/ /														
/ /														
TOTAL									Nil		Nil		Nil	
Less payment received or Claimed from any other body or authority														
Amount Claimed									Nil		Nil		Nil	

- 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:	20/06/2016	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)

19 JAN 2017


Councillor:	Cyril Anderson	Vehicle Reg.	[REDACTED]	Month Ending:	31/01/2017
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		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						
/ /							45						
/ /													
/ /													
/ /													

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

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Date:	19/01/2017	Signature of Councillor:	[REDACTED]
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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

19/01/17

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)

20 FEB 2017

COPY

Councillor:	Cyril Anderson	Vehicle Reg.	[REDACTED]	Month Ending:	28/02/2017
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		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)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)			
						Miles (7)	Rate (8)		£	p	£			p
/ /							45							
/ /														
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/ /														
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/ /														


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

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

Date:	28/02/2017	Signature of Councillor:	[REDACTED]
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Please, Submit claims within 3 months of duty with fuel VAT receipt