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

Councillor:		Cyril	ander	son			Vehicle Reg.					onth nding:		31/05	16				
							Engine Size												
Address:							Fuel Type (e.g. Petrol/Diesel)				PC	st Co	de:						
Start & End of Duty		Time of Location of Duty Meeting			Desci	Approved Duties	Travelling /			g Allowances			Subsistence						
e.	Place e.g. Home	Start	End	Place e.g. Civic Centre			ncil Diary meeting please of the officer present)	Travel by Vehicle		Toll Parki	Fares, Tolls, Parking,		Total Travelling Allowance		Outside the Authority's Area Only		Totals		
(1)	(2)	(3)	(4)	(5)		(6)	Miles (7)	Rate (8) p	etc (9) £		Claime (10)		(11) £ p		£ (12)				
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	I		1					•		TO	TAL	Nil		Nil		Nil			
				Les	s payment re	eceived	l or Claimed from any	other	body o	or auth	ority								
							•		Amou	nt Clai	med	Nil		Nil		Nil			
Member of th	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 sta	tements	above are	e correct. Except as	shown above I	have not	made, and will not make, a	ny claim	under a	ny enact	ment f	for travell	ing or	Checke	ed by:				
C) If using a	expenses in private veh	connect icle whils	ion with th it on Coun	ne duties indicated ab ncil business, Council	ove. Ilors should ensu	ure that th	ey have a valid driving licen	ce, MOT	and con	nprehens	ive vel	hicle insu	ırance						
specifically in	cluding bus	iness an	d commut	ing use.			e Councillor is included.	, -		,				Payroll	No:				
Date:	25/05/2	016		Signature of C	Councillor:														

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

Councillor:		Cyril	l Ande	rson			Vehicle Reg. Engine Size				onth nding:		30/06										
Address	S:						Fuel Type (e.g. Petrol/Diesel)			Post Code:													
Date of	Start & End of Duty	Ме	ne of eting	Location of Duty		Description of Approved Duties			Travelli	nces			Subsistence										
Meeting	Place e.g. Home	Start End		Place e.g. Civic Centre		f not a Standard Council Diary meeting please provide the name of the office present)		Travel by	Fares, Tolls, Parking,		, Travelling g, Allowanc		Travelling Allowance		Outsid Author Area (rity's	Tot	tals					
(1)	(2)	(3)	(4)	(5)			(6)	Miles (7)	Milos) (10		etc (9)		(9)		(10)				(11) £ p		2) p
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, ,		l								TO	TAL	Nil		Nil		Nil							
				L	ess payme	nt rec	eived or Claimed fro	om any oth	her body	or author	ority												
									Amo	unt Claii	med	Nil		Nil		Nil							
Member of t	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																						
B) I declare	e that the st	tatement	s above a		as shown abo	ve I hav	ve not made, and will not	make, any cl	laim under a	any enactr	ment f	or travell	ing or	Checke	ed by:								
C) If using a specifically i	a private ve ncluding bu	hicle whi siness a	ilst on Co	uting use.	ncillors should		that they have a valid driv		IOT and co	mprehensi	ve vel	nicle insu	rance		,								
D) An e-ma	il from the C	Councillo		ccepted as a signatu	ure providing th	ne name	of the Councillor is include	led.						Payroll No:									
Date:	20/06/2	2016 Signature of Councillor:											Month Paid:										

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK) 19 JAN 2017

Council	lor:	Cvri	Ande	erson		Vehicle Reg.				NA.	onth		24/0	1/20/	17				
	- ,											31/01/2017							
Add						Engine Size		Ending:											
Address					Fuel Type				Po	ost Co	ode:								
						(e.g. Petrol/Diesel)		•											
Date of	Start & End of Duty	Time of Location of Meeting Duty Description				tion of Approved Duties			Subsis	tence									
Meeting	Place e.g. Home	Start	Start End Place e.g. Civic (If not a meeting place)		Standard Council Diary ase provide the name of the officer present)	Travel b	Fares, Tolls, Parking, etc				Outside the Authority's Area Only		Totals						
(4)				,	Miles	Rate	1		Clair		Alea Only								
(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8) D	£ p		(10)		(11)		(12)				
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	-					Δ			TO	ΓAL	Nil		Nil		Nil				
					Less payr	nent received or Claime	ed from any	other body			-				1411				
							•	_	unt Clair		Nil	_	Nil	_	Nil				
													14.1		1411				
A) I declare	that I hav	e neces	sarily inc	urred expenditure	on travelling a	nd subsistence for the purpos	e of enabling r	me to perform	approved d	uties	as an E	lected	F	or Off	ice Use	-			
I MEHIDOL OF	ulio Autiloii	ıty anu tı	iat i nav	e actually and nece emuneration Panel f	ssariiv incurre	d the actual mileage in column	17 above. The	e amounts clair	med are in	accor	ance wi	ith the							
B) I declare	e that the s	statemen	ts above	are correct. Exce	ot as shown a	bove I have not made, and wi	II not make, ar	ny claim under	any enactn	nent fo	or travell	lina or	Checke	ed by:		5 _			
I subsistence	expenses	ın conne	ction witi	1 the duties indicate	d above.	ld ensure that they have a vali						-		ou by.		Non-constitutive of the second			
l shecineally i	moluumy pe	12111622 g	and Collin	nuuna use.				e, wor and co	mprenensi	/e ver	iicle insu	irance							
	il from the	Councille	or will be			the name of the Councillor is i	ncluded.		<u> </u>				Payroll	No:					
Date:	19/01/2	2017		Signature of				_					1						
		Councillor:											Month	Paid:					

19/1/17

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 2 0 FEB 2017 (PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		Cyril	Ande	rson		Vehicle Reg.							28/02/2017					
						Engine Size				Ending:				2				
Address:						Fuel Type (e.g. Petrol/Diesel)	:			Post Code:								
Date of	Start & End of Duty	Time of Location of Duty Meeting			Descripti		Trav	relling Al	llowan	ces		Subsis	tence					
Meeting Place e.g. Home		Start End		Place e.g. Civic Centre		Council Dlary meeting please ame of the officer present)		Travel by Vehicle		s, s, ng,	Total Travelling Allowance		Outsid Author Area (rity's	Tot	tals		
(1)	(2)	(3)	(4)	(5)		(6)	Miles (7)	(8)	etc (9)				(11) £ p		(1 £	2)		
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						to all a collatera in form			_	TAL				┞				
				Les	s payment rece	eived or Claimed from ar	iy otner	_			N IST		N.P.	-	A 111			
								Amou	ınt Clai	mea	NII		Nil	<u> </u>	Nil			
Member of t	his Authority	y and tha	it I have a	ctually and necessari	ily incurred the actua	ence for the purpose of enablinal mileage in column 7 above.	g me to p The amou	erform a	approved are in	duties accor	as an E dance wi	lected th the	For Office Use					
B) I declare subsistence	subsistence expenses in connection with the duties indicated above.											Check		<u>X</u>				
I specifically II	ncludina bus	siness an	id commu	tina use.		hat they have a valid driving lice	ence, MOT	and cor	nprehens	sive ve	hicle insu	irance	Davroll	No:				
Date:	28/02/2	Payroll No: Signature of Councillor: Month Paid:																