

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

Councillor:	<i>A.C.S. Colburn</i>	Vehicle Registration Number & Engine Size	Month Ending:	
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		
		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)		Totals £ p (12)	
						Miles (7)	Rate (8) p		£	p	£	p	£	p
<i>6/5/14</i>	<i>Home</i>			<i>CIVIC</i>	<i>DRIVING</i>	<i>10</i>	<i>45</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>8/5/14</i>	<i>"</i>			<i>"</i>	<i>COUNCIL</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>9/5/14</i>	<i>"</i>			<i>GUILDHALL</i>	<i>COUNCIL</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>13/5/14</i>	<i>"</i>			<i>CIVIC</i>	<i>INVEST</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>14/5/14</i>	<i>"</i>			<i>"</i>	<i>SERVICE IMP</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>20/5/14</i>	<i>"</i>			<i>"</i>	<i>INVEST</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>22/5/14</i>	<i>"</i>			<i>"</i>	<i>SCAVENGE ROAD CTR</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>28/5/14</i>	<i>"</i>			<i>"</i>	<i>LTP ADVISORY</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>30/5/14</i>	<i>"</i>			<i>"</i>	<i>LICENSING</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
<i>30/5/14</i>	<i>"</i>			<i>"</i>	<i>LICENSING</i>	<i>10</i>		<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
TOTAL									40	50		40	50	
Less payment received or Claimed from any other body or authority									<i>N/A</i>			<i>N/A</i>		
Amount Claimed									40	50		40	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 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:	<i>5/6/14</i>	Signature of Councillor:	_____
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

05 AUG 2014

Councillor:	A.C.S. COLBURN	Vehicle Reg.		Month Ending:	JUNE 14
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	Start & End of Duty		Location of Duty	Description of Approved Duties	Travelling Allowances				Subsistence		Totals				
		Place e.g. Home	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		Totals	
									Miles (7)	Rate (8) p			£	p	£	p
3	16/14	Home			Civic	Down 2 SV	10	45	N/A	4	50	N/A		4	50	
3	16/14	"			"	Down 2	"	"	"			"				
3	16/14	"			"	INWARD INVESTMENT	"	"	"			"				
4	16/14	"			"	EQUALS	10			4	50			4	50	
5	16/14	"			"	SENIORS	10			4	50			"	"	
9	16/14	"			"	SENIORS	10			4	50			"	"	
10	16/14	"			"	PROVINCIAL SENIORS	10			4	50			"	"	
11	16/14	"			"	SENIOR INVESTMENT	10			4	50			"	"	
17	16/14	"			"	COUNCIL	10			4	50			"	"	
19	16/14	"			"	DEV COUNCIL	10			4	50			"	"	
TOTAL										36	-			36	-	
Less payment received or Claimed from any other body or authority										N/A				N/A		
Amount Claimed										36	-			36	-	

- 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:	4/6/14	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAI receipt

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	<i>A.C.S. COBURN</i>	<u>Vehicle Reg.</u>		Month Ending:	<i>JUNE 14</i>
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (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)	Travelling Allowances				Subsistence		Totals (12)		
	Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)	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
<i>25/6/14</i>	<i>Home</i>				<i>Civic</i>	<i>LDP</i>	<i>45</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>		
<i>27/6/14</i>					<i>"</i>	<i>General Liaison</i>	<i>11</i>		<i>7</i>	<i>50</i>		<i>7</i>	<i>50</i>		
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
TOTAL									<i>9</i>	<i>-</i>		<i>9</i>	<i>-</i>		
Less payment received or Claimed from any other body or authority									<i>N/A</i>			<i>N/A</i>			
Amount Claimed									<i>9</i>	<i>-</i>		<i>9</i>	<i>-</i>		

- 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:	<i>[Signature]</i>
Payroll No:	_____
Month Paid:	_____

Date:	<i>4/8/14</i>	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:	<i>A.C.S. COLIBORN</i>	Vehicle Reg.		Month Ending:	<i>July 14</i>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	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		
		Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)			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
	<i>1/7/14</i>	<i>Home</i>				<i>CIVIC</i>	<i>DAVA 2 SV</i>	<i>10</i>	<i>45</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	<i>N/A</i>	<i>4</i>	<i>50</i>	
	<i>1/7/14</i>	<i>"</i>				<i>"</i>	<i>DAVA 2</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
	<i>2/7/14</i>	<i>"</i>				<i>"</i>	<i>TRINA JONES</i>	<i>10</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>50</i>	<i>—</i>	<i>4</i>	<i>50</i>	
	<i>3/7/14</i>	<i>"</i>				<i>"</i>	<i>FRANCIS</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
	<i>3/7/14</i>	<i>"</i>				<i>"</i>	<i>FOI TRINA</i>	<i>10</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>50</i>	<i>—</i>	<i>4</i>	<i>50</i>	
	<i>3/7/14</i>	<i>"</i>				<i>"</i>	<i>SAMUEL</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
	<i>3/7/14</i>	<i>"</i>				<i>"</i>	<i>DEV CONRAD</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
	<i>7/7/14</i>	<i>"</i>				<i>"</i>	<i>SCALMAY</i>	<i>10</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>50</i>	<i>—</i>	<i>4</i>	<i>50</i>	
	<i>8/7/14</i>	<i>"</i>				<i>"</i>	<i>SAMUEL</i>	<i>10</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>50</i>	<i>—</i>	<i>4</i>	<i>50</i>	
	<i>15/7/14</i>	<i>"</i>				<i>"</i>	<i>COUNCIL</i>	<i>10</i>	<i>—</i>	<i>—</i>	<i>4</i>	<i>50</i>	<i>—</i>	<i>4</i>	<i>50</i>	
TOTAL											<i>27</i>	<i>—</i>			<i>27</i>	<i>—</i>
Less payment received or Claimed from any other body or authority											<i>N/A</i>				<i>N/A</i>	
Amount Claimed											<i>27</i>	<i>—</i>			<i>27</i>	<i>—</i>

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:	<i>4/8/14</i>	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:	<u>A.C.S. COLBOURN</u>	Vehicle Reg.		Month Ending:	<u>July 14</u>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals				
		Start (3)	End (4)			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)	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	£	p
<u>16/7/14</u>	<u>14:00</u>			<u>CIVIC</u>	<u>SEWER</u>	<u>10</u>	<u>45</u>	<u>N/A</u>		<u>4</u>	<u>50</u>	<u>N/A</u>		<u>4</u>	<u>50</u>	
<u>16/7/14</u>	<u>4</u>			<u>"</u>	<u>Tom Simons</u>											
<u>21/7/14</u>	<u>"</u>			<u>"</u>	<u>Sturges Forum</u>	<u>10</u>				<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>23/7/14</u>	<u>"</u>			<u>"</u>	<u>Data Professional Travel</u>	<u>10</u>				<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>25/7/14</u>	<u>"</u>			<u>"</u>	<u>Llanwr</u>	<u>10</u>				<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>28/7/14</u>	<u>"</u>			<u>"</u>	<u>Area 2 SV</u>	<u>10</u>				<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>29/7/14</u>	<u>"</u>			<u>"</u>	<u>Area 2 SV</u>	<u>10</u>				<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>29/7/14</u>	<u>"</u>			<u>"</u>	<u>Area 2</u>											
<u>30/7/14</u>	<u>"</u>			<u>"</u>	<u>Colwyn</u>	<u>10</u>	<u>-</u>			<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
<u>31/7/14</u>	<u>"</u>			<u>"</u>	<u>Llanwr</u>	<u>10</u>	<u>-</u>			<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>	
TOTAL										<u>36</u>	<u>-</u>			<u>36</u>	<u>-</u>	
Less payment received or Claimed from any other body or authority										<u>N/A</u>				<u>N/A</u>		
Amount Claimed										<u>36</u>				<u>36</u>		


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: 4/8/14 Signature of Councillor: _____


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

24 NOV 2014

Councillor:	A. C. S. COLBYTON	Vehicle Reg.		Month Ending:	SEPT 14
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties	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	£	p
	1/9/14	Home			CIVIC	Scrutiny	10	45	None	4	50	None	4	50			
	5/9/14	"			"	LICENSING SUB	"	"	/	4	50	/	4	50			
	5/9/14	"			"												
	9/9/14	"			"	COUNCIL	"	"			4		50		4	50	
	9/9/14	"			"	Scrutiny											
	11/9/14	"			"	YOUTH SERVICES	"	"			4		50		4	50	
	11/9/14	"			"	30th June											
	17/9/14	"			"	LICENSING SUB	10	"			4		50		4	50	
	17/9/14	"			"												
	18/9/14	"			"	SCOUTS BAN	10	"			4		50		4	50	
										TOTAL					27 -		
										Less payment received or Claimed from any other body or authority				27 -			
										Amount Claimed				27 -			

- 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:	22/11/14	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)

24 NOV 2014

Councillor:	<i>A.E.S. Collins</i>	Vehicle Reg.		Month Ending:	<i>Sept 14</i>
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	
<i>22/9/14</i>					<i>Car parking</i>	<i>10</i>	<i>45</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>23/9/14</i>					<i>Planning Site</i>	<i>"</i>		<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>23/9/14</i>					<i>Planning</i>	<i>"</i>		<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>24/9/14</i>					<i>EQUALS</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>29/9/14</i>					<i>Scouting</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>30/9/14</i>					<i>Caravan</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>/ /</i>															
<i>/ /</i>															
<i>/ /</i>															
TOTAL										<i>22</i>	<i>50</i>			<i>22</i>	<i>50</i>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<i>22</i>	<i>50</i>			<i>22</i>	<i>50</i>

- 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:	<i>AC</i>
Payroll No:	_____
Month Paid:	_____

Date:	<i>22/11/14</i>	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)

24 NOV 2014

Councillor:	A.C.S. COLBURN	Vehicle Reg.		Month Ending:	OCT 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			
		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	
2/10/14					Leominster Sub	10	45			4	50			4	50
8/10/14					Transport Taylor	"				"				"	
9/10/14					Dev Council	"				"				"	
15/10/14					Service 12/10/14	"				"				"	
16/10/14					Service 12/10/14	"				"				"	
17/10/14					Leominster	"				"				"	
21/10/14					Area 2 Sub	"				"				"	
21/10/14					Area 2 Personal	"				"				"	
22/10/14					Equals	"				"				"	
23/10/14					Subsistence	"				"				"	
27/10/14					Subsistence	"				"				"	
TOTAL										45				45	
Less payment received or Claimed from any other body or authority															
Amount Claimed										45				45	

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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date:	22/11/14	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)

24 NOV 2014

Councillor:	<u>A.C.S. COLBURN</u>	Vehicle Reg.		Month Ending:	<u>OCT 14</u>
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 (7)	Rate (8)	Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)				Outside the Authority's Area Only (11)		
									£	p				£	p
<u>30/10/14</u>	<u>Home</u>			<u>Civic</u>	<u>Sanjour</u>	<u>10</u>	<u>45</u>			<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>
TOTAL										<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<u>4</u>	<u>50</u>			<u>4</u>	<u>50</u>

- 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:	<u>[Signature]</u>
Payroll No:	_____
Month Paid:	_____

Date:	<u>22/11/14</u>	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)

24 NOV 2014

Councillor:	<i>A C B CoBurn</i>	Vehicle Reg.		Month Ending:	<i>Nov 14</i>
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)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)			
						Miles (7)	Rate (8)		£	p	£			p
<i>4/11/14</i>					<i>IT Council</i>	<i>10</i>	<i>45</i>	<i>4</i>	<i>50</i>	<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
<i>4/11/14</i>					<i>Council</i>									
<i>6/11/14</i>					<i>Car Park</i>					<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
<i>12/11/14</i>					<i>Spa</i>					<i>4</i>	<i>50</i>			
<i>12/11/14</i>					<i>Car Culture</i>					<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
<i>13/11/14</i>					<i>Flood</i>					<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
<i>13/11/14</i>					<i>Spa</i>									
<i>13/11/14</i>					<i>Subsistence</i>									
<i>14/11/14</i>					<i>Work</i>					<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
<i>17/11/14</i>					<i>Taxi</i>					<i>4</i>	<i>50</i>		<i>4</i>	<i>50</i>
TOTAL										<i>27</i>	<i>50</i>		<i>27</i>	<i>50</i>
Less payment received or Claimed from any other body or authority														
Amount Claimed										<i>27</i>	<i>50</i>		<i>27</i>	<i>50</i>

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: *[Signature]*

Payroll No: _____

Month Paid: _____

Date: *24/11/14*

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)

24 NOV 2014

Councillor:	ACS COLEMAN	Vehicle Reg.		Month Ending:	Nov 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			
		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	
18/11/14					Dona 2 Sites	10	45			4	50			4	50
18/11/14					Dona 2 Sites	11									
18/11/14					Donna 2 Sites										
19/11/14					Gyffwrdd					4	50			4	50
24/11/14					Donna 2 Sites					4	50			4	50
/ /															
/ /															
/ /															
/ /															

TOTAL										13	50				
Less payment received or Claimed from any other body or authority															
Amount Claimed										13	50			13	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 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: 24/11/14

Signature of Councillor: _____

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

05 FEB 2015

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

Councillor:		A.C.S. COLBURN			Vehicle Registration Number:		[REDACTED]		Month Ending:		Nov 14	
Address:		[REDACTED]						Post Code:		[REDACTED]		

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 (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					Serious Training	10	45			4	50			4	50
26/11/14					Debonair Training	"				4	50			4	50
26/11/14					Serious Police GTR	"				4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										9	00			9	00
Less payment received or Claimed from any other body or authority															
Amount Claimed										9	00			9	00

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For Office Use

Checked by: _____

Payroll No: _____

Month Paid: _____

Date: 4/2/15

Signature of Councillor: [REDACTED]

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:	A.C.S. COLEMAN	Vehicle Registration Number:		Month Ending:	17 Dec 14
Address:				Post Code:	

(1)	Start & End of Duty (2)	Time of Meeting		Location of Duty (5)	Description of Approved Duties (6)	Travelling Allowances				Subsistence		Totals				
		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 (11)		Totals (12)		
								Miles (7)	Rate (8)			£	p	£	p	£
1/12/14					CWG	10	45	—	4	50	—	—	4	50		
1/12/14					QUARTERS	—	—	/	—	—	—	—	—	—		
2/12/14					QUARTERS	10	—		—	4	50	—	—	4	50	
2/12/14					COUNCIL	—	—		—	—	—	—	—	—	—	
3/12/14					Year Session	10	—		—	4	50	—	—	4	50	
4/12/14					Service Improvement	—	—		—	4	50	—	—	4	50	
5/12/14					Scrapping Prog G12	—	—		—	4	50	—	—	4	50	
10/12/14					Send Instructions	—	—		—	4	50	—	—	4	50	
11/12/14					Scrapping Programme	—	—		—	4	50	—	—	4	50	
12/12/14					General Working	—	—	—	4	50	—	—	4	50		
									TOTAL		36	—	—	—	36	—
									Less payment received or Claimed from any other body or authority		Nil	—	—	—	Nil	—
									Amount Claimed		36	—	—	—	36	—

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:	4/2/15	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:		A. C. S. Colburn			Vehicle Registration Number:		[REDACTED]		Month Ending:		Dec 14				
Address:		[REDACTED]						Post Code:		[REDACTED]					
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3) End (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			
		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	£	p	£	p		
15/12/14					Anna 2 S.V	10	45			4	50			4	50
15/12/14					COUNCIL CURTAINS										
16/12/14					Anna 2 S.V	10				4	50			4	50
16/12/14					Anna 2	11				4	50			4	50
17/12/14					GRANT LICENSING	11				4	50			4	50
18/12/14					LET	11				4	50			4	50
19/12/14					LICENSING SUP	11				4	50			4	50
22/12/14					SENTINEL TAGE CTR	11				4	50			4	50
1 1															
1 1															
TOTAL										31	50			31	50
Less payment received or Claimed from any other body or authority										NIL				NIL	
Amount Claimed										31	50			31	50

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Date:	4/2/15	Signature of Councillor:	[REDACTED]
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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)

Councillor:		A.C.S. Colford			Vehicle Registration Number:		[REDACTED]		Month Ending:		JUN 15	
Address:		[REDACTED]						Post Code:		[REDACTED]		

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	£	p	
6/1/15	Home			Civic	Council	10	45			4	50			4	50
7/1/15	"			"	SERV IMPROVEMENT	"	"			4	50			4	50
9/1/15	"			"	GRASS MAINTENANCE	"	"			4	50			4	50
12/1/15	"			"	CARD CUSTOMER	"	"			4	50			4	50
14/1/15	"			"	SERV IMPROVEMENT	"	"			4	50			4	50
19/1/15	"			"	PLANNING S.V	"	"			4	50			4	50
19/1/15	"			"	S.P.C		"								
20/1/15	"			"	PLANNING S.V	10	"			4	50			4	50
20/1/15	"			"	PLANNING		"								
28/1/15	"			"	S.P.C	10	"			4	50			4	50
TOTAL										36				36	
Less payment received or Claimed from any other body or authority										Nil				Nil	
Amount Claimed										36				36	

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:	4/2/15	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:		A.C.S. Colburn			Vehicle Registration Number:		[REDACTED]		Month Ending:		Jan 15		
Address:		[REDACTED]							Post Code:		[REDACTED]		
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
24/1/15					COUNCIL	10	45						
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
TOTAL										NIL		NIL	
Less payment received or Claimed from any other body or authority													
Amount Claimed										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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date:	4/2/15	Signature of Councillor:	[REDACTED]
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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)

30 MAR 2015

Councillor:	A.C.S. COLEMAN	Vehicle Registration Number:		Month Ending:	JAN 15
Address:				Post Code:	

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) (4) Time of Meeting Start End		(5) Location of Duty 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)	(9) (10) Travelling Allowances Travel by Vehicle Fares, Tolls, Parking, etc Total Travelling Allowance Claimed				(11) Subsistence Outside the Authority's Area Only		(12) Totals			
		Miles (7)	Rate (8) p			£	p	£	p	£	p	£	p	£	p
28/1/15	Home			CIVIC	CORP CULTURE	10	45			4	50			4	50
29/1/15	"			CIVIC	TRAINING	"	"			4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										9	-			9	-
Less payment received or Claimed from any other body or authority															
Amount Claimed										9	-			9	-

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:	28/3/15	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:	A. C. S. COLBOURN	Vehicle Registration Number:		Month Ending:	FEB 15
Address:				Post Code:	

(1)	(2)	Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		(3)	(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
15/2/15	Home			Civic	Senior Improvement	10	45			4	50			4	50
16/2/15	"			"	STAT HANDLING	"	"			4	50			4	50
16/2/15	"			"	GENERAL HANDLING										
19/2/15	"			"	S.P.C	"	"			4	50			4	50
19/2/15	"			"	STUDENT LEADER										
11/2/15	"			"	COAL CUSTOMER	"	"			4	50			4	50
16/2/15	"			"	S.P.C	"	"			4	50			4	50
17/2/15	"			G.H	PURCHASING S.V	"	"			4	50			4	50
17/2/15	"			G.H	PURCHASING										
18/2/15	"			Civic	SAVING CLUB	"	"			4	50			4	50
TOTAL										31	50			31	50
Less payment received or Claimed from any other body or authority															
Amount Claimed										31	50			31	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 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:	28/3/15	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:	A.C.B. Colbran	Vehicle Registration Number:		Month Ending:	MARCH 15
Address:				Post Code:	

(1)	(2)	Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals							
		(3)	(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 (11)		(12)				
								Miles (7)	Rate (8)		£	p	£	p	£	p	£	p	
3/3/15				G.H	Planning	10	45			4	50			4	50				
3/3/15				G.H	Planning														
3/3/15				G.H	Council														
6/3/15				CIVIC	STAT LA	"	"			4	50			4	50				
6/3/15				"	GRAND LA														
9/3/15				"	SUBSISTENCE W.G.	"	"			4	50			4	50				
11/3/15				"	SUBSISTENCE W.G.	"	"			4	50			4	50				
11/3/15				"	CWG														
11/3/15				"	DEPT SERVICES														
11/3/15				"	SIC	"	"			4	50			4	50				
										TOTAL									
										22		50		22		50			
										Less payment received or Claimed from any other body or authority									
										Amount Claimed		22		50		22		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 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 is clearly legible.

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

Date:	20/3/15	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:	A.C.S. COZBURN	Vehicle Reg.		Month Ending:	APR 15
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

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 (12)			
		Start (3)	End (4)			Travel by Vehicle 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						
									£	p	£			p	
2/4/15	HOME			CIVIC	SCRUTINE CTE	10	45		4	50			4	50	
8/4/15	"			"	CORP CULTURAL	"	"		4	50			4	50	
10/4/15	"			GH	GEN LICENSING	"	"		4	50			4	50	
13/4/15	"			GH	SCRUTINE CTE	"	"		4	50			4	50	
15/4/15	"			CIVIC	SERVICE TRIP	"	"		4	50			4	50	
16/4/15	"			"	SCHOOLS PERS PANEL	"	"		4	50			4	50	
24/4/15	"			GH	LICENSING SUB	"	"		4	50			4	50	
28/4/15	"			GH	COUNCIL	"	"		4	50			4	50	
1/1															
1/1															
TOTAL										36	-			36	-

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 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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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date: 2/5/15

Signature of Councillor:

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