

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

<b>Councillor:</b>	A.C.S. COLBURN	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	May 15
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (e.g. Petrol/Diesel)			

(1)	Start & End of Duty (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
11/5/15				GH	SENDY GUARD RETURN	10				4	50			4	50
12/5/15	"			GH	TRAINING S.V	10				4	50			4	50
12/5/15	"			GH	TRAINING DISTG										
13/5/15	"			GH	SERV TRIP	10				4	50			4	50
14/5/15	"			CIVIC	CORP CULTURE	10				4	50			4	50
15/5/15	"			GH	GRAND LICENSING	10				4	50			4	50
13/5/15	"			CIVIC	GRAND LICENSING	10				4	50			4	50
19/5/15	"			GH	SCHOOL PERS	10				4	50			4	50
26/5/15	"			GH	COUNCIL	10				4	50			4	50
				GH	SCHOOL GOV	10				4	50			4	50
<b>TOTAL</b>										20	50			20	50
Less payment received or Claimed from any other body or authority															
Amount Claimed										20	50			20	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.

<b>For Office Use</b>	
Checked by:	<u>    <i>AC</i>    </u>
Payroll No:	_____
Month Paid:	_____

<b>Date:</b>	2/8/15	<b>Signature of Councillor:</b>	
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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. COLBYRN</u>	Vehicle Reg.		Month Ending:	<u>June 15</u>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				(11)	(12)				
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)						
						Miles (7)	Rate (8)		£				p	£	p
✓ 1/6/15	Home			✓ Civic	ALBANY CTR	10	45			4	50			4	50
✓ 1/6/15	"			✓ GH	PLANNING CTR										
✓ 1/6/15	"			✓ GH	SEMINAR										
✓ 4/6/15	"			✓ GH	PLANNING CTR	10				4	50			4	50
✓ 5/6/15	"			✓ GH	PLANNING CTR	10				4	50			4	50
✓ 6/6/15	"			✓ Civic	SEMINAR CTR										
✓ 9/6/15	"			✓ GH	PLANNING SV	10				4	50			4	50
✓ 9/6/15	"			✓ GH	SEMINAR										
✓ 9/6/15	"			✓ GH	PLANNING										
✓ 9/6/15	"			✓ GH	ALBANY										
<b>TOTAL</b>										18				18	
Less payment received or Claimed from any other body or authority															
Amount Claimed										18				18	

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<b>For Office Use</b>	
Checked by:	<u><i>[Signature]</i></u>
Payroll No:	_____
Month Paid:	_____

Date:	<u>2/8/15</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)

Councillor:	A.C.B. Colford	Vehicle Reg.		Month Ending:	June 15
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		Location or 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	
✓ 10/6/15	Home			GH	Service Trip	10	45			4	50			4	50
✓ 10/6/15	"			GH	Alloyns					4	50			4	50
✓ 11/6/15	"			GH	Planning	10				4	50			4	50
✓ 12/6/15	"			GH	State Grant Working	10				4	50			4	50
✓ 15/6/15	"			GH	Alloyns	10				4	50			4	50
✓ 16/6/15	"			GH	Alloyns	10				4	50			4	50
✓ 16/6/15	"			GH	John Steward										
✓ 18/6/15	"			GH	School Trip	10				4	50			4	50
✓ 23/6/15	"			GH	Planning SV	10				4	50			4	50
✓ 24/6/15	"			CIVIC	Expense Journal	10				4	50			4	50
<b>TOTAL</b>										36	—			36	—
Less payment received or Claimed from any other body or authority															
Amount Claimed										36	—			36	—

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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.

<b>For Office Use</b>
Checked by:
Payroll No: _____
Month Paid: _____

Date: 2/8/15

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)

Councillor:	A.C.S. COLBURN	Vehicle Reg.		Month Ending:	JUNE 15
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		(3)	(4)			(7)	(8)	(9)		(10)		(11)		(12)	
✓ 25/6/15	Home			✓ GH	ET Council	10	45			4	50			4	50
✓ 26/6/15	"			✓ GH	Council										
✓ 29/6/15	"			✓ GH	Residential SV	10				4	50			4	50
✓ 30/6/15	"			✓ GH	Residential CTE	10				4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
<b>TOTAL</b>										13	50			13	50
Less payment received or Claimed from any other body or authority															
Amount Claimed										13	50			13	50

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<b>For Office Use</b>
Checked by:
Payroll No: _____
Month Paid: _____

Date:	2/8/15	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)

05 OCT 2015

Councillor: A.C.S. COLBURN

Address: [REDACTED]

Vehicle Reg: [REDACTED]  
 Engine Size: [REDACTED]  
 Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Month Ending: July 15  
 Post Code: [REDACTED]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	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)	Travelling Allowances				Subsistence		Totals		
						Travel by Vehicle		Fares, Tolls, Parking, etc (9) £    p	Total Travelling Allowance Claimed (10) £    p		Outside the Authority's Area Only (11) £    p		(12) £    p	
						Miles (7)	Rate (8) p							
✓ 29/7/15	Home	14	430	GH	APPOINTMENTS CTTEE	10	45		4	50			4	50
✓ 30/7/15	"	13	430	GH	APPOINTMENTS CTTEE	10			4	50			4	50
1/1														
1/1														
1/1														
1/1														
1/1														
1/1														
1/1														
1/1														
									<b>TOTAL</b>		9	-	9	-
									<b>Amount Claimed</b>		9	=	9	=

Less payment received or Claimed from any other body or authority

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Date: 5/10/15

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Please, Submit claims [REDACTED] 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 Reg.		[REDACTED]		Month Ending:		July 15					
Address:		[REDACTED]				Engine Size				Post Code:		[REDACTED]					
						Fuel Type (e.g. Petrol/Diesel)											
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	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	£	p				
✓ 6/7/15	Home			GH	PLANNING	10	45			4	50						
✓ 7/7/15	"			GH	APPOINTMENTS	10				4	50						
✓ 9/7/15	"			GH	SCHOOL GOV	10				4	50						
✓ 9/7/15	"			GH	SPC					4	50						
✓ 10/7/15	"			CIVIC	LICENSING	10				4	50						
✓ 13/7/15	"			CIVIC	SPC	10				4	50						
✓ 14/7/15	"	8		PENYDROG	PLANNING SV	10				4	50						
✓ 14/7/15	"			CIVIC	PLANNING CENTRE					4	50						
✓ 14/7/15	"			CIVIC	TOWN AND INVEST												
✓ 15/7/15	"			CIVIC	SCHOOL GOV	10				4	50						
TOTAL										4	31	50			4	31	50
Less payment received or Claimed from any other body or authority																	
Amount Claimed										31	50				31	50	

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Date:	2/8/15	Signature of Councillor:	[REDACTED]
<b>For Office Use</b>			
Checked by:		[Signature]	
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. COLBURN				Vehicle Reg.	[REDACTED]		Month Ending:	July 15			
Address:		[REDACTED]				Engine Size	[REDACTED]		Post Code:	[REDACTED]			
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 (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)				
					(6)	Miles (7)	Rate (8) p	£	p	£	p	£	p
✓ 23/7/15	Home			✓ Civic	COUNCIL MTG	10	45			4	50		
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
<b>TOTAL</b>										4	50		
Less payment received or Claimed from any other body or authority.													
Amount Claimed										4	50		

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<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date: 2/8/15  
 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)

- 1 DEC 2015

FILE COPY  
SERV 15

Councillor: A.C.S. COLBURN

Address: [REDACTED]

Vehicle Reg: [REDACTED]

Engine Size: [REDACTED]

Fuel Type: [REDACTED]  
(e.g. Petrol/Diesel)

Month Ending: [REDACTED]

Post Code: [REDACTED]

(1)	(2)	(3)	(4)	(5)	(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	
✓ 8/9/15	H			✓ GH	Planting	10	45								
✓ 8/9/15	"			✓ GH	School Prof	10	45								
✓ 10/9/15	"			✓ GH	School Prof	10	45								
✓ 11/9/15	"			✓ GH	School Prof	10	45								
✓ 14/9/15	"			✓ GH	GEN LIAISON	10	45								
✓ 16/9/15	"			✓ GH	S P C	10	45								
✓ 21/9/15	"			✓ CIVIC	SCHOOL PROF	10	45								
✓ 24/9/15	"			✓ CIVIC	SCHOOL PROF	10	45								
1/1					COUNCIL	10	45								
						<b>TOTAL</b>			31	50			31	50	
Less payment received or Claimed from any other body or authority															
<b>Amount Claimed</b>									31	50			31	50	

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Date: 30/11/15

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

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)

FILE COPY  
- 1 DEC 2015

Councillor: A.C.S. COLBURN

Address: [REDACTED]

Vehicle Reg: [REDACTED]  
Engine Size: [REDACTED]  
Fuel Type: (e.g. Petrol/Diesel) [REDACTED]

Month Ending: OCT 15  
Post Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Start	(4) End	(5) 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)	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
✓ 5/10/15	Home														
✓ 6/10/15	"		✓	CIVIC	Barrow Gov										
✓ 8/10/15	"		✓	CIVIC	SPC	10	45								
✓ 9/10/15	"		✓	GH	Barrow Park	10		2	50	4	50			4	50
✓ 12/10/15	"		✓	GH	Barrow Park	10		4	50	4	50			4	50
✓ 2/10/15	"		✓	GH	Barrow Park	10		4	50	4	50			4	50
✓ 13/10/15	"		✓	GH	SPC	10		4	50	4	50			4	50
✓ 13/10/15	"		✓	GH	PROVIDING SITE VISITS	10		4	50	4	50			4	50
✓ 14/10/15	"		✓	GH	PROVIDING	10		4	50	4	50			4	50
✓ 14/10/15	"			GH	SABT FUEL										
✓ 14/10/15	"			GH	Barrow Park	10		4	50	4	50			4	50
						<b>TOTAL</b>				<b>31</b>	<b>50</b>			<b>31</b>	<b>50</b>
						<b>Amount Claimed</b>				<b>31</b>	<b>50</b>			<b>31</b>	<b>50</b>

Less payment received or Claimed from any other body or authority

- 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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Date: 30/11/15

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

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)

- 1 DEC 2015

Councillor: A.C.S. COLBY

Address: [REDACTED]

Vehicle Reg: [REDACTED] Engine Size: [REDACTED] Fuel Type: [REDACTED] Month Ending: OCT 15 Post Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Start	(4) End	(5) 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)	Travelling Allowances				Subsistence		Totals	
						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	£	P
✓ 19/10/15	Home												
✓ 22/10/15	"			✓ CIVIC	PRINTED	10	45			4	50		
✓ 23/10/15	"			✓ CIVIC	COUNCIL	10				4	50		
✓ 29/10/15	"			GH	GRASS LEASING	10				4	50		
1/1	"			GH	TRAVELLING	10				4	50		
1/1										4	50		
1/1										4	50		
1/1										4	50		
1/1													
1/1													

TOTAL Amount Claimed

	FB	-		FB	-
	FB	=		FB	=

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 legible.

Date: 30/11/15 Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

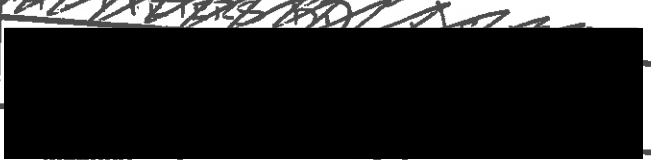
Please, Submit claims within 3 months of duty with fuel VAT receipt


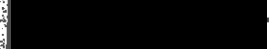
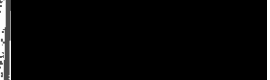
# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM


(PLEASE COMPLETE THIS FORM IN BLACK INK)

1 DEC 2015  
COPY

Councillor: A.C.S. COBURN

Address: 


Vehicle Reg:  Engine Size:  Fuel Type (e.g. Petrol/Diesel): 

Month Ending: Nov 15 Post Code: 

(1)	Start & End of Duty Place e.g. Home (2)	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)	Travelling Allowances				Subsistence		Totals		
						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
✓ 2/11/15	Home			GH	School Gov									
✓ 4/11/15	"			✓ Civic	Leadership	10	45							
✓ 4/11/15	"			✓ GH	DRINKS	10			4	50			4	50
✓ 5/11/15	"			✓ GH	DRINKS	10			4	50			4	50
✓ 10/11/15	"			✓ Civic	TRAINING	10			4	50			4	50
✓ 10/11/15	"			✓ GH	SCRUTINING	10			4	50			4	50
✓ 11/11/15	"			✓ GH	LEADERSHIP	10			4	50			4	50
✓ 12/11/15	"			✓ GH	SEBY TRIP	10			4	50			4	50
✓ 13/11/15	"			✓ GH	CIVIC EVENTS	10			4	50			4	50
				✓ GH	LEADERSHIP / GR LICENSING	10			4	50			4	50
						10			4	50			4	50
									<b>TOTAL</b>					
									Amount Claimed		36    00			

Less payment received or Claimed from any other body or authority

- 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

Date: 30/11/15 Signature of Councillor: 

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

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

- 1 DEC 2015

Councillor:

A.C.S. COLBURN

Address:



Vehicle Reg:



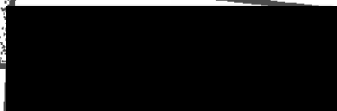
Engine Size

Fuel Type  
(e.g. Petrol/Diesel)

Month Ending

Nov 15

Post Code



(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Start	(4) End	(5) 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)	Travelling Allowances					(11) Outside the Authority's Area Only £ p	Totals			
						Travel by Vehicle		(9) Fares, Tolls, Parking, etc £ p	Total Travelling Allowance Claimed (10)			(12) £ p			
		(7) Miles	(8) Rate p												
✓ 15/11/15	Home														
✓ 15/11/15	"			✓ CIVIC	Lionsden Sub										
✓ 19/11/15	"			✓ CIVIC	SAULT ROAD CTR	✓ 10	45								
✓ 23/11/15	"			✓ CIVIC	SALTWOOD GOLF	✓ 10				4	50				
✓ 30/11/15	"			✓ CIVIC	LIONSDEN SUB	10				4	50			4 50	
1/1					LIONSDEN SUB	10				4	50			4 50	
1/1					LIONSDEN SUB	10				4	50			4 50	
1/1										4	50			4 50	
1/1										4	50			4 50	
										<b>TOTAL</b>		22	50		
										<b>Amount Claimed</b>		22	50		
														22	50

Less payment received or Claimed from any other body or authority

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.

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

Date: 30/11/15

Signature of Councillor:

**For Office Use**

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

05 FEB 2016

No 15

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

Councillor: A.C.S. Co. (3.13.1)

Address: [REDACTED]

Vehicle Reg: [REDACTED]

Engine Size: [REDACTED]

Fuel Type: [REDACTED]  
(e.g. Petrol/Diesel)

Month Ending: [REDACTED]

Post Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Start	(4) End	(5) 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)	Travelling Allowances				Subsistence		Totals	
						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	£	P
✓ 25/11/15	Home												
✓ 26/11/15	"			GH ✓	CWG	10	45			4	50		
✓ 26/11/15	"			" ✓	Clerk	10	"			4	50		
✓ 27/11/15	"			" ✓	Council	10	"			4	50		
✓ 30/11/15	"			Civic Centre	Reading Sub	10	"			4	50		
1/1				GH ✓	School Gals	10	45			4	50		
1/1													
1/1													
1/1													
						<b>TOTAL</b>		18	00			18	00
						<b>Amount Claimed</b>		18	00			18	00

Less payment received or Claimed from any other body or authority

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.

Date: 3/2/16

Signature of Councillor: [REDACTED]

Please, Submit claims within 6 months of duty with fuel VAT receipt

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

5/2/16



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

05 FEB 2016  
FILE COPY

Councillor: A.C.S. COLBURN

Address: [REDACTED]

Vehicle Reg: [REDACTED]  
 Engine Size: [REDACTED]  
 Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Month Ending: Dec 15  
 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	
		Start (3)	End (4)			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
✓ 18/12/15	Home				Planning	10	45			4	50		
✓ 19/12/15	"			GH ✓	CUR REPAIRING	10	45			4	50		
✓ 21/12/15	"			" ✓	STREET LIGHTING	10	45			4	50		
✓ 22/12/15	"			" ✓	GEN LIGHTING	10	45			4	50		
✓ 23/12/15	"			" ✓	FLOODLIGHT REPAIR	10	45			4	50		
✓ 24/12/15	"			" ✓	SPC	10	45			4	50		
✓ 25/12/15	"			" ✓	Down Sewers	10	45			4	50		
✓ 27/12/15	"			" ✓	E+ Council	10	45			4	50		
1/1				" ✓	Council	10	45			4	50		
TOTAL								37				27	

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

Date: 3/2/16

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

31/2/16

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

FILE COPY  
05 FEB 2016

Councillor: A.C.S. Colburn

Address: [REDACTED]

Vehicle Reg: [REDACTED]

Engine Size: [REDACTED]

Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Month Ending: Jan 16

Post Code: [REDACTED]

(1)	(2)	(3)	(4)	(5)	(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	£
✓ 5/1/16	Wrens													
✓ 8/1/16	"			GH	✓ TETTON WRENS	10	45							
✓ 8/1/16	"			"	✓ GTR LANCASHIRE	10			4	50			4	50
✓ 11/1/16	"			"	✓ GTR LANCASHIRE	10			4	50			4	50
✓ 12/1/16	"			"	✓ SPC				4	50			4	50
✓ 12/1/16	"			"	✓ Private S.V.	10			4	50			4	50
✓ 14/1/16	"			"	✓ Private	10			4	50			4	50
✓ 20/1/16	"			"	✓ Suburban Council	10			4	50			4	50
✓ 21/1/16	"			"	✓ SEVEN TOP	10			4	50			4	50
✓ 27/1/16	"			"	✓ SEVEN TOP	10			4	50			4	50
				"	✓ Building Committee	10			4	50			4	50
						<b>TOTAL</b>			36	00			36	00
						<b>Amount Claimed</b>			36	00			36	00

Less payment received or Claimed from any other body or authority

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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: 3/2/16

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

5/2/16

**COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**  
 (PLEASE COMPLETE THIS FORM IN BLACK INK) FILE COPY 05 FEB 2016

Councillor: A.C.S. COLBURN

Address: [REDACTED]

Vehicle Reg: [REDACTED] Month Ending: Jan 16

Engine Size: [REDACTED] Post Code: [REDACTED]

Fuel Type (e.g. Petrol/Diesel): [REDACTED]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	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)	Travelling Allowances				Subsistence		Totals	
						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
✓ 28/1/16	Home			Gardens ✓	Approved	10	45					4	50
✓ 28/1/16	"			Gardens ✓	Et Council				14	50			
✓ 28/1/16	"			Gardens ✓	Council								
1/1													
1/1													
1/1													
1/1													
1/1													
1/1													
1/1													
						<b>TOTAL</b>				4	50		
						<b>Amount Claimed</b>				4	50		

Less payment received or Claimed from any other body or authority

**TOTAL** 4 50

**Amount Claimed** 4 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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is legible.

Date: 3/2/16

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

5/12/16



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

FILE COPY  
- 5 APR 2016

Councillor: <b>A.C.S. COLBORN</b>		Vehicle Reg. [REDACTED]		Month Ending: <b>FEB 2016</b>											
Address: [REDACTED]		Engine Size: [REDACTED]		Post Code: [REDACTED]											
		Fuel Type: (e.g. Petrol/Diesel) [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 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		(12) £ p			
✓ 1/2/16	Home			CIVIC	TETHERED HORSES	10	45			4	50			4	50
✓ 3/2/16	"			GH	BUNTING ROAD	10	45			4	50			4	50
✓ 4/2/16	"			GH	SPC	10	45			4	50			4	50
✓ 5/2/16	"			GH	SPC	10	45			4	50			4	50
✓ 9/2/16	"			GH	CUBS TRAINING	10	45			4	50			4	50
✓ 9/2/16	"			"	RAVING										
✓ 9/2/16	"			"	SCAFFOLD PERFORM ROAD										
✓ 10/2/16	"			"	SERV 100	10				4	50			4	50
✓ 12/2/16	"			"	LICENSING	10				4	50			4	50
✓ 26/2/16	"			"	SCHOOL PROF	10				4	50			4	50
<b>TOTAL</b>										30	—			30	—
Less payment received or Claimed from any other body or authority															
Amount Claimed										30	—			30	—

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

Date: <b>4/4/16</b>	Signature of Councillor: [REDACTED]
---------------------	-------------------------------------

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

4/4/16

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

-5 APR 2016

Councillor:		A.C.S. COLBURN				Vehicle Reg	[REDACTED]		Month ending:	FEB 16			
Address:		[REDACTED]				Engine Size	[REDACTED]		Post Code	[REDACTED]			
						Fuel Type (e.g. Petrol/Diesel)	[REDACTED]						
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (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	
		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
24/2/16	Home			GH	LDP Hasurce	10	45			4	50		
25/2/16	"			"	Business Training	10	45			4	50		
25/2/16	"			GH	Cardiff								
26/2/16	Home			GH	LDP Hasurce	10	45			4	50		
26/2/16	"			GH	Business								
29/2/16	Home			GH	LDP Hasurce	10	45			4	50		
1/1													
1/1													
1/1													
1/1													
<b>TOTAL</b>										16		16	
Less payment received or Claimed from any other body or authority													
<b>Amount Claimed</b>										16		16	

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: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 4/4/16      Signature of Councillor: [REDACTED]

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

8/4/16

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

-5 APR 2016

Councillor:	A.C.S. Colburn	Vehicle Reg:	Month Ending:	March 16
Address:	[REDACTED]	Engine Size:	Post Code:	[REDACTED]
		Fuel Type: (e.g. Petrol/Diesel):		

(1)	(2)	Meeting		(5)	(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	£	p
✓ 1/3/16					Learning	10	45			4	50			4	50	
✓ 1/3/16					LDP Training											
✓ 3/3/16					Business Review	10	45			4	50			4	50	
✓ 3/3/16					Training											
✓ 4/3/16					LDP Training	10	45			4	50			4	50	
✓ 8/3/16					Private	10	45			4	50			4	50	
✓ 8/3/16					Private Training											
✓ 8/3/16					Training											
✓ 9/3/16					Service Team	10	45			4	50			4	50	
✓ 10/3/16					Ext Council	10	45			4	50			4	50	
						<b>TOTAL</b>										
						Less payment received or Claimed from any other body or authority										
						<b>Amount Claimed</b>				37	—			37	—	

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.

<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	4/4/16	Signature of Councillor:	[REDACTED]
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Please, Submit claims within 3 months of duty with fuel VAT receipt

6/4/16

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

-5 APR 2016

Councillor: <b>A.C.S. COLBURN</b>		Vehicle Reg. [REDACTED]		Month Ending: <b>JUNE 16</b>	
Address: [REDACTED]		Engine Size [REDACTED]		Post Code: [REDACTED]	
		Fuel Type (e.g. Petrol/Diesel) [REDACTED]			

(1)	Date of Meeting	Start & End of Duty Place e.g. Home	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 Miles (7)	Rate p (8)	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
									£	p	£	p	£	p	£	p
✓	11/3/16	Home			GH	Lecture	10	45			4	50			4	50
✓	12/3/16	"			GH	Commons Comm	10	45			4	50			4	50
✓	14/3/16	"			GH	SPC	10	45			4	50			4	50
✓	15/3/16	"			GH	Subj Panel	10	45			4	50			4	50
✓	15/3/16	"			GH	John Brown										
✓	17/3/16	"			GH	Subj Panel	10	45			4	50			4	50
✓	24/3/16	"			GH	Subj Panel	10	45			4	50			4	50
	11/1				GH	Training Hours	10	45			4	50			4	50
	11/1															
	11/1															
<b>TOTAL</b>										27	—			27	—	
Less payment received or Claimed from any other body or authority																
<b>Amount Claimed</b>										27	—			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.

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: *[Signature]*

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: **4/4/16**

Signature of Councillor: [Signature]

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

6/4/16

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		A.C.S. Colburn				Vehicle Reg		Month Ending	April 16						
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 Start End (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 (12) £ p			
		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								
7/4/16	Home			GH	COUNCIL		45			4	50			4	50
8/4/16	"			"	Grand Learning					4	50			4	50
11/4/16	"			"	SIC					4	50			4	50
12/4/16	"			"	Planning SV					4	50			4	50
12/4/16	"			"	Planning Transport					4	50			4	50
12/4/16	"			"	Planning										
13/4/16	"			"	Seav Inc					4	50			4	50
13/4/16	"			"	S106 Transport										
14/4/16	"			"	Panel					4	50			4	50
14/4/16	"			"	Seav Inc										
TOTAL															
Less payment received or Claimed from any other body or authority															
Amount Claimed										27				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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date:	30/6/10	Signature of Councillor:	
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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:		ACS Cozyrn			Vehicle Reg		Month Ending	12/12	
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	
15/6/16	1 hour			GH	STRET WORK		45			4	50			4	50
18/6/16	"			"	TRAINING EQUIPMENT					4	50			4	50
21/6/16	"			"	TREE PLANT					4	50			4	50
23/6/16	"			"	CRIMINAL COURT					4	50			4	50
23/6/16	"			"	COUNCIL					4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
<b>TOTAL</b>										16	—	—	—	16	—
Less payment received or Claimed from any other body or authority															
Amount Claimed										16	—	—	—	16	—

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.

<b>For Office Use</b>	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	30/6/16	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)

- 4 JUL 2016

Councillor:		<i>A C S COBBARD</i>				Vehicle Reg			Month Ending	<i>July 16</i>					
Address:						Engine Size			Post Code						
						Fuel Type <small>(e.g. Petrol/Diesel)</small>									
Date of Meeting  (1)	Start & End of Duty  Place e.g. Home (2)	Meeting  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)	Travelling Allowances				Subsistence		Totals			
						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		Totals (12) £ P	
<i>15/16</i>					<i>Parish Council</i>		<i>45</i>			<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>20/16</i>					<i>Council Chamber</i>					<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>27/16</i>					<i>Bank Licence</i>					<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
<i>31/1</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>															
<b>TOTAL</b>										<i>13</i>	<i>50</i>			<i>13</i>	<i>50</i>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<i>13</i>	<i>50</i>			<i>13</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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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: *[Signature]*

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: *30/6/16*

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:	<i>A.C.S. Colburn</i>	Vehicle Reg:		Month Ending:	<i>May 16</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)	Travel by Vehicle Miles (7)			Rate (8) p	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
									£	p	£	p	£	p	£	p
	<i>9/5/16</i>	<i>Home</i>				<i>GA</i>	<i>SPC</i>		<i>45</i>		<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>10/5/16</i>	<i>"</i>				<i>"</i>	<i>Planning SV</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>10/5/16</i>	<i>"</i>				<i>"</i>	<i>Planning</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>11/5/16</i>	<i>"</i>				<i>"</i>	<i>SPC</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>11/5/16</i>	<i>"</i>				<i>"</i>	<i>SPC</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>11/5/16</i>	<i>"</i>				<i>"</i>	<i>Subsistence</i>									
	<i>12/5/16</i>	<i>"</i>				<i>"</i>	<i>Subsistence</i>									
	<i>16/5/16</i>	<i>"</i>				<i>"</i>	<i>Subsistence</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>18/5/16</i>	<i>"</i>				<i>"</i>	<i>Subsistence</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
	<i>18/5/16</i>	<i>"</i>				<i>"</i>	<i>Termination Hours</i>				<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
								<b>TOTAL</b>								

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

~~36~~  
**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.
- 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: *[Signature]*

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: *30/6/16*

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)

**FILE COPY**  
- 5 SEP 2016

Councillor:	A.C.S. COBURN		Vehicle Reg:	[REDACTED]	Month Ending:	June 16
Address:	[REDACTED]		Engine Size:	[REDACTED]	Post Code:	[REDACTED]
			Fuel Type:	[REDACTED]		

(1)	(2)	Time of 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
✓ 5/16/16	Hono			GH	Special Licence	10	45			4	50			4	50	
✓ 6/16/16	"			"	SEMI 122	10	"			"	"			"	"	
✓ 7/16/16	"			"	PLANNING SITE	10	"			"	"			"	"	
✓ 7/16/16	"			"	PLANNING MEETING	10	"			"	"			"	"	
✓ 9/16/16	Hono			"	Boards Part	10	"			"	"			"	"	
✓ 10/16/16	"			"	Hono	10	"			"	"			"	"	
✓ 13/16/16	"			"	SIC	10	"			"	"			"	"	
✓ 16/16/16	"			"	DRONES	10	"			"	"			"	"	
✓ 16/16/16	"			"	COUNCIL	10	"			"	"			"	"	
✓ 22/16/16	Hono			"	SEMI 122	10	"			"	"			"	"	
<b>TOTAL</b>										36	—			36	—	
Less payment received or Claimed from any other body or authority										—	—			—	—	
<b>Amount Claimed</b>										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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 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: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 5/9/16

Signature of Councillor: [REDACTED]

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

1 of 2 5/9/16

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

-5 SEP 2016

Councillor:	<i>A. S. Corbett</i>	Vehicle Reg		Month Ending	<i>June 16</i>
Address:		Engine Size		Post Code	
		Fuel Type <small>(e.g. Petrol, Diesel)</small>			

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 £ p (9)	Total Travelling Allowance Claimed £ p (10)		Outside the Authority's Area Only £ p (11)				
		Miles (7)	Rate p (8)												
✓ 27/6/16	Home			GH	Approved	10	45			4	50			4	50
✓ 28/6/16	"			"	John Sankar	10	11			4	50			4	50
✓ 30/6/16	"			"	Blag Servicing	10	"			4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
<b>TOTAL</b>										13	50			13	50
Less payment received or Claimed from any other body or authority															
<b>Amount Claimed</b>										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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date:	<i>5/9/16</i>	Signature of Councillor:	
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<b>For Office Use</b>	
Checked by:	<i>[Signature]</i>
Payroll No:	
Month Paid:	

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

1 of 2

Councillor:	A.C.S. COLBURN			Vehicle Reg:	[REDACTED]	Vehicle Engine No:	[REDACTED]	July 16
Address:	[REDACTED]			Fuel type:	[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) £    p	Total Travelling Allowance Claimed (10) £    p		Outside the Authority's Area Only (11) £    p							
						Miles (7)	Rate (8) p		£	p	£			p	£	p		
✓ 5/7/16	Home			GH	DRINKS	✓ 10	45			4	50			4	50	✓		
✓ 5/7/16					PLANNING SV													
✓ 5/7/16					PLANNING													
✓ 6/7/16	Home			GH	COOP CULTURE	✓ 10	"											
✓ 7/7/16	Home			GH	DRINKS	✓ 10	"			2	50			2	50	✓		
✓ 8/7/16	Home			GH	DRINKS	✓ 10	"			1	50			1	50	✓		
✓ 11/7/16	Home			GH	LEADERSHIP	✓ 10	"			4	50			4	50	✓		
✓ 11/7/16					STC	✓ 10	"			1	50			1	50	✓		
✓ 12/7/16	Home			GH	DRINKS													
✓ 25/7/16	Home			GH	DRINKS	✓ 10	"			4	50			4	50	✓		
					July 16 SOS Cases	✓ 10	"			4	50			4	50	✓		
<b>TOTAL</b>														31	50			
Less payment received or Claimed from any other body or authority																		
Amount Claimed														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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date: 1/10/16

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

31/0/16

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

2 of 2

Councillor:	AC S Colburn		Vehicle Reg.	Month	July 16
Address:	[REDACTED]		Engine Size	Ending	
			Fuel Type	Post Code	

(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		
✓ 27/7/16	Home			GH	J&PV Int	✓ 10	45			4	50			4	50	✓
✓ 28/7/16	Home			"	LA GAB	✓ 10				4	50			4	50	✓
✓ 29/7/16					Demerol Council					4	50			4	50	✓
✓ 30/7/16					Council											
/ /																
/ /																
/ /																
/ /																
/ /																
/ /																
<b>TOTAL</b>										9	=			9	=	
Less payment received or Claimed from any other body or authority																
<b>Amount Claimed</b>										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.

Date:	1/10/16	Signature of Councillor:	[REDACTED]
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For Office Use	
Checked by:	[Signature]
Payroll No:	
Month Paid:	

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

31/10/16

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

1 of 2

27 OCT 2016

Councillor: <b>A.C.S. COLBURN</b>		Vehicle Reg. <b>[REDACTED]</b>	Month Ending: <b>27 OCT 2016</b>
Address: <b>[REDACTED]</b>		Engine Size <b>[REDACTED]</b>	Post Code: <b>[REDACTED]</b>
		Fuel Type (e.g. Petrol/Diesel) <b>[REDACTED]</b>	

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		(12) £ p		
✓ 2/8/16	Home			GH	TRAINING SV	10	45		4	50	4	50			4
✓ 2/8/16	"			GH	TRAINING CTE										
✓ 8/8/16	"			GH	SPC	10	"	4	50	4	50			4	50
✓ 11/8/16	"			GH	SERV IMP	10	"	4	50	4	50			4	50
✓ 12/8/16	"			GH	LEASING	10	"	4	50	4	50			4	50
✓ 15/8/16	"			GH	SERV IMP	10	"	4	50	4	50			4	50
✓ 17/8/16	"			GH	BUILDING SPS	10	"	4	50	4	50			4	50
✓ 18/8/16	"			GH	ROADS	10	"	4	50	4	50			4	50
✓ 22/8/16	"			GH	ROADS	10	"	4	50	4	50			4	50
✓ 25/8/16	"			GH	ROADS	10	"	4	50	4	50			4	50
						<b>TOTAL</b>				<b>40</b>	<b>50</b>			<b>40</b>	<b>50</b>

Less payment received or Claimed from any other body or authority  
Amount Claimed **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: *[Signature]*

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: **27/10/16**

Signature of Councillor: **[REDACTED]**

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

28/10/16

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK) 27 OCT 2016

2 of 2

Councillor:		ACS COLBYR					Vehicle Reg:		Month Ending:	Fua 16					
Address:							Engine Size:		Post Code:						
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	
	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			
	(1)	(2)	(3)	(4)	(5)			Miles (7)	Rate (8)	£	p	£	p		

	<b>TOTAL</b>	9.00	9.00
Less payment received or Claimed from any other body or authority		<del>9.00</del>	<del>9.00</del>
<b>Amount Claimed</b>		<u>9.00</u>	<u>9.00</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.

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, MCT 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.

Date: 27/10/16

Signature of Councillor:

For Office Use

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

28/10/16

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

27 OCT 2016

Councillor:	ACS COLBY	Vehicle Reg.	[REDACTED]	Month Ending	SEPT 16
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code	[REDACTED]
		Fuel Type (e.g. Petrol, Diesel)	[REDACTED]		

(1)	Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty Place e.g. Civic Centre	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travelling Allowances				Subsistence		Totals			
			Start	End			Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed		Outside the Authority's Area Only				
							Miles (7)	Rate (8) p		£	p	£	p			£
✓	19/11/16	Home			GCHWHT	School Perf	10	45			4	50			4	50
✓	19/11/16	"			"	Planning SV	10	"			4	50			4	50
✓	19/11/16	"			"	Planning CTR										
✓	19/11/16	"			"	Learning CTR	10	"			4	50			4	50
✓	21/11/16	"			"	SFC	10	"			4	50			4	50
✓	21/11/16	"			"	Small Inv	10	"			4	50			4	50
✓	22/11/16	"			"	Council	10	"			4	50			4	50
✓	24/11/16	"			"	School Inv	10	"			4	50			4	50
	1/1/16				"											
	1/1/16				"											

TOTAL

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

31	50			31	50
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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- D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

Date: 27/10/16

Signature of Councillor: [REDACTED]

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

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

28/10/16



# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK) 27 OCT 2016

1062

Councillor: <b>ACS COBURN</b>		Vehicle Reg		[REDACTED]		Month Ending <b>OCT 16</b>	
Address: [REDACTED]		Engine Size		[REDACTED]		Post Code	
		Fuel Type (e.g. Petrol/Diesel)		[REDACTED]		[REDACTED]	

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	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	
✓ 24/10/16	Home			GH	Private	10	45			4	50			4	50
✓ 10/10/16	"			"	SPC	10	"			4	50			4	50
✓ 12/10/16	"			"	Private Garage	10	"			4	50			4	50
✓ 14/10/16	"			"	Licence	10	"			4	50			4	50
✓ 15/10/16	"			"	Private	10	"			4	50			4	50
✓ 16/10/16	"			"	DEP Services	10	"			4	50			4	50
✓ 19/10/16	"			"	Private Street	10	"			4	50			4	50
✓ 19/10/16	"			"	SCHOOL STREET										
✓ 20/10/16	"			"	COUNCIL	10	"			4	50			4	50
✓ 21/10/16	"			"	LICENSING	10	"			4	50			4	50
<b>TOTAL</b>										36	00			36	00
Less payment received or Claimed from any other body or authority															
Amount Claimed										36	00			36	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 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: **27/10/16**

Signature of Councillor: [REDACTED]

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

  
28/10/16



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

*JLJ*  
**27 OCT 2016**

<b>Councillor:</b> <i>AC3 COLBY</i>		<b>Vehicle Reg:</b> [REDACTED]				<b>Month Ending:</b> <i>OCT 16</i>								
<b>Address:</b> [REDACTED]		<b>Engine Size:</b> [REDACTED]				<b>Post Code:</b> [REDACTED]								
<b>Fuel Type (e.g. Petrol/Diesel):</b> [REDACTED]		<b>Description of Approved Duties</b>				<b>Travelling Allowances</b>				<b>Subsistence</b>		<b>Totals</b>		
(1)	Date of Meeting	Start & End of Duty		Location of Duty Place e.g. Civic Centre (5)	(6)	Travel by Vehicle		Fares, Tolls, Parking, etc (9) £      p	Total Travelling Allowance Claimed (10) £      p		Outside the Authority's Area Only (11) £      p		(12) £      p	
		Start	End			Miles (7)	Rate (8) p							
✓	<i>27/10/16</i>	<i>17:00</i>		<i>GA</i>	<i>LA Cove</i>	<i>10</i>	<i>45</i>		<i>4</i>	<i>50</i>			<i>4</i>	<i>50</i>
									<b>TOTAL</b>					
Less payment received or Claimed from any other body or authority									<i>4</i>		<i>50</i>			
Amount Claimed									<i>4</i>		<i>50</i>		<i>4</i>	
									<i>4</i>		<i>50</i>		<i>4</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:** *27/10/16*

**Signature of Councillor:** [REDACTED]

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

E 1, 2017

Councillor:	<u>A.C.S. COLBYRN</u>	Vehicle Reg.		Month Ending:	<u>Nov 16</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			
		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	
✓ 1/11/16	Home			GH	PLANNING SITE VISIT	10	45			4	50			4	50
✓ 1/11/16	—			"	PLANNING CTE										
✓ 2/11/16	—			"	COUNCIL										
✓ 2/11/16	Home			"	SERVICE IND	10	45			4	50			4	50
✓ 3/11/16	"			"	WORKOUT	10	45			4	50			4	50
✓ 14/11/16	"			"	SFC	10	45			4	50			4	50
✓ 15/11/16	"			"	BRIEFING	10	45			4	50			4	50
✓ 16/11/16	"			"	SCHOOL REF	10	45			4	50			4	50
✓ 23/11/16	"			"	SERV IND	10	45			4	50			4	50
✓ 24/11/16	"			"	COUNCIL	10	45			4	50			4	50
<b>TOTAL</b>										<b>36</b>	<b>00</b>			<b>36</b>	<b>00</b>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<b>36</b>	<b>00</b>			<b>36</b>	<b>00</b>

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

<b>For Office Use</b>	
Checked by:	<u>[Signature]</u>
Payroll No:	_____
Month Paid:	_____

Date:	<u>1/2/17</u>	Signature of Councillor:	
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**Please, Submit claims within 3 months of duty with fuel VAT receipt**

1/2/17

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

- 1 FEB 2017

Councillor:	<u>A.C.S. COOBYRN</u>	Vehicle Reg.		Month Ending:	<u>Nov 16</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			
		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
✓ 25/11/16	Home			GH	HTO	10	45			4	50			4	50
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															

	TOTAL		4	50			4	50
Less payment received or Claimed from any other body or authority								
Amount Claimed			4	50			4	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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D) An e-mail from the Councillor will be accepted as a signature providing the name of the Councillor is included.

<b>For Office Use</b>	
Checked by:	<u>[Signature]</u>
Payroll No:	_____
Month Paid:	_____

Date:	<u>1/2/17</u>	Signature of Councillor:	
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**Please, Submit claims within 3 months of duty with fuel VAT receipt**

1/2/17

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

21 FEB 2017

Councillor:	<u>A.C.S. COLBYRN</u>	Vehicle Reg.		Month Ending:	<u>Feb 16</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	(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	£	p
✓ 6/12/16				Gdman	Planning	10	45			4	50			4	50	
✓ 9/12/16				Gdman	WORKING START	10	45			4	50			4	50	
✓ 9/12/16				Gdman	" Goal											
✓ 12/12/16				Gdman	SERV IMP	10	45			4	50			4	50	
✓ 12/12/16				Gdman	SFC											
✓ 15/12/16				Gdman	CASH	10	45			4	50			4	50	
✓ 20/12/16				Gdman	SERV IMP	10	45			4	50			4	50	
✓ 20/12/16				Gdman	TRN SERVICES											
1	1															

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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<b>For Office Use</b>	
Checked by:	<u>[Signature]</u>
Payroll No:	_____
Month Paid:	_____

Date:	<u>1/2/17</u>	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

1/2/17