

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)


Councillor:		A.C.S. COLBURN				Vehicle Reg:		Month Ending:	MARCH 17					
Address:								Post Code:						
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) £ 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	£
1/3/17														
10/3/17					LEADING	10	45		4	50			4	50
22/3/17					SERV JUD	10	"		4	50			4	50
23/3/17					COUNCIL	10	"		4	50			4	50
1/1									4	50			4	50
1/1														
1/1														
1/1														
1/1														
TOTAL									18				18	
Less payment received or Claimed from any other body or authority														
Amount Claimed									18				18	

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: 20/4/17

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. COLZAN				Vehicle Reg:		Month:	APRIL 17							
Address:						Engine Size:		Year:								
						Fuel Type:		Post Code:								
Date of Meeting (1)	Start & End of Duty (2)	Time of Meeting (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)				
	Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)		Travel by Vehicle Miles (7)	Rate (8)	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)				Outside the Authority's Area Only (11)		
								£	p	£	p	£	p	£	p	
5/4/17	Home			GH	TRUSTING	10	45	10	50	4	50			4	50	
20/4/17	"			GH	COUNCIL	10	"	10	50	4	50			4	50	
21/4/17	"			GH	GEN LICENSING	10	"	10	50	4	50			4	50	
1/1										4	50			4	50	
1/1																
1/1																
1/1																
1/1																
1/1																
Less payment received or Claimed from any other body or authority										TOTAL	13	50			13	50
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.

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: 21/4/17

Signature of Councillor: _____

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