

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

06 JUL 2015

Councillor:	MARY JONES			Vehicle Reg.		Month Ending:	JUNE
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	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	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	
1/6/1	HOME			✓ GUILDHALL	PLANNING & APPOINTMENTS														
* 3/6/1	"			✓ CIVIC CENTRE	SECRETARY	6	45			2	70					2	70		
4/6/1	"			✓ GUILDHALL	PLANNING	8	45									3	60		
8/6/1	"			✓ GUILDHALL	PLANNING	6	45			2	70					2	70		
8/6/1	"			✓ CIVIC CENTRE	SECRETARY WORKSHOP	6	45			2	70					2	70		
9/6/1	"			✓ GUILDHALL	PLANNING	8	45			3	60					3	60		
10/6/1	"			✓ GUILDHALL	SERVICE IMPROVEMENT & APPOINTMENTS	6	45			2	70					2	70		
15/6/1	"			✓ GUILDHALL	APPOINTMENTS	6	45			2	70					2	70		
16/6/1	"			✓ GUILDHALL	APPOINTMENTS	6	45			2	70					2	70		
18/6/1	"			✓ CIVIC CENTRE	SACS	6	45			2	70					2	70		
						8	45			3	60					3	60		
Less payment received or Claimed from any other body or authority										TOTAL		26		10					
Amount Claimed												26		10		26		10	

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:	5-7-15	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)

06 JUL 2015

Name: MARY JONES
 Address: [Redacted]
 Vehicle Reg: [Redacted]
 Engine Size: [Redacted]
 Fuel Type (e.g. Petrol/Diesel): [Redacted]
 Month Ending: JUNE
 Post Code: [Redacted]

(1)	(2)	(3)		(5)	(6)	Travelling Allowances			Subsistence		Totals				
		Start	End			Travel by Vehicle	Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)	(12)					
					(If not a Standard Council Diary meeting please provide the name of the officer present)	Miles (7)	Rate (8)	£	p	£	p	£	p		
23/6/15	HOME			GUILDHALL	Site visits Planning	6	45								
25/6/15	"			GUILDHALL	COUNCIL	6	45			2	70	2	70		
29/6/15	"			GUILDHALL	PLANNING site visits	6	45			2	70	2	70		
30/6/15	"			GUILDHALL	Planning	6	45			2	70	2	70		
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
Less payment received or Claimed from any other body or authority										TOTAL	10	80		10	80
Amount Claimed											10	80		10	80

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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: 5. 7. 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

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

29 SEP 2015

Councillor: **MARY JONES**

Address: [REDACTED]

Vehicle Reg: [REDACTED]

Engine Size: [REDACTED]

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

Month Ending: **JULY**

Post Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Meeting Start	(4) Meeting 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)	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
✓ 01/7/15	HOME												
✓ 13/7/15	"			CIVIC CENTRE	PLANNING Cttee	8	45			3	60		
✓ 14/7/15	"			CIVIC CENTRE	SPC	8	45						
✓ 14/7/15	"			GUILDHALL	PLANNING SITE VISITS	8	45			3	60		
✓ 23/7/15	"			CIVIC CENTRE	PLANNING Cttee	6	45			3	60		
✓ 24/7/15	"			CIVIC CENTRE	COUNCIL	8	45			2	70		
✓ 29/7/15	"			CIVIC CENTRE	LSB SCRUTINY	8	45			3	60		
✓ 30/7/15	"			GUILDHALL	APPOINTMENTS	8	45			3	60		
1/1				GUILDHALL	APPOINTMENTS	6	45			3	60		
1/1						6	45			2	70		
										2	70		
						TOTAL				26	10		
						Amount Claimed				26	10		
										26	10		

Less payment received or Claimed from any other body or authority

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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.

Date: **28-9-15**

Signature of Councillor: [REDACTED]

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:

MARY JONES

Address:

[REDACTED]

Vehicle Reg:

Engine Size

Fuel Type
(e.g. Petrol/Diesel)

[REDACTED]

Month Ending

AUGUST

Post Code

[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 £ p (9)	Total Travelling Allowance Claimed £ p (10)		Outside the Authority's Area Only £ p (11)		£ p (12)		
						Miles (7)	Rate (8) p		£	p	£	p	£	p	
✓ 10/8/15	HOME			GUILDHALL	Governor Review SPC	6	45			2	70			2	70
✓ 11/8/15	"			GUILDHALL	PLANNING SITE VISITS	6	45			2	70			2	70
✓ 12/8/15	"			GUILDHALL	PLANNING	6	45			2	70			2	70
✓ 24/8/15	"			GUILDHALL	SERVICE IMPROVEMENT SCULPTURE	6	45			2	70			2	70
✓ 24/8/15	"			GUILDHALL	SPC DEBAGENDA MEETING DRIVE PERFORM BEST MANIAIR	6	45			2	70			2	70
/ /				GUILDHALL	COUNCIL					2	70			2	70
/ /															
/ /															
/ /															
Less payment received or Claimed from any other body or authority															
TOTAL										13	50			13	50
Amount Claimed										13	50			13	50

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Date: 28.9.15

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)

Councillor: **MARY JONES**

Address: [REDACTED]

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

Month Ending: **SEPTEMBER**
 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)		(12)	
						Miles (7)	Rate (8) p	£	p	£	p	£	p		
✓ 8/9/15	HOME														
✓ 14/9/15	"			GUILDHALL	PLANNING										
✓ 16/9/15	"			GUILDHALL	SPC	6	45								
✓ 24/9/15	"			CIVIC CENTRE	Service Improvement	6	45			2	70				
✓ 28/9/15	"			CIVIC CENTRE	COUNCIL	8	45			2	70				
✓ 29/9/15	"			CIVIC CENTRE	PRE ALGEMM SPC DAVE MACKENNA ^{BAK} MADRID	8	45			3	60				
/ /				CIVIC CENTRE	CAMMS Scouting	8	45			3	60				
/ /															
/ /															
/ /															
TOTAL										14	80			19	80
Amount Claimed										14	80			19	80

Less payment received or Claimed from any other body or authority

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Date: **28.9.15**

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)

04 JAN 2018

Councillor: **MARY JONES**

Address: [Redacted]

Vehicle Reg: [Redacted]
Engine Size: [Redacted]
Fuel Type: [Redacted]

Month Ending: **OCTOBER**

Post Code: [Redacted]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	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	
		Start (3)	End (4)			Travel by Vehicle (7, 8)		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
6/10/15	HOME												
12/10/15	HOME	11.0	12.30	CIVIC CENTRE	Joint Den Sids & Scouts Pigeons								
12/10/15	HOME	3.00	7.00	GUILDHALL	Village Green Training	8	45						
13/10/15	HOME			GUILDHALL	Scout's Programme Cttee	6	45						3 60
14/10/15	HOME			GUILDHALL	Site visit of Planning	6	45						2 70
15/10/15	HOME			GUILDHALL	Site Implants Scouts	6	45						2 70
19/10/15	HOME	8.0A	10.0A	GUILDHALL	IT Drop in Sidsden	6	45						2 70
19/10/15	HOME	3.00	7.00	CIVIC CENTRE	A115 Cttee	6	45						2 70
22/10/15	HOME			CIVIC CENTRE	LSB Scouts	8	45						2 70
27/10/15	HOME			CIVIC CENTRE	COUNCIL	8	45						3 60
				GUILDHALL	CAMHS Scouts	8	45						3 60
						6	45						3 60
TOTAL													2 70
Less payment received or Claimed from any other body or authority													30 60
Amount Claimed													30 60

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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: **2.1.16**

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

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

04 JAN 2016

Councillor: **MARY JONES**

Address: [REDACTED]

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

Month Ending: **OCT / NOVEMBER**
 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
24/10/15	Home												
4/11/15	Home			Guidhall	Uncle TRAINING	6	45					2	70
5/11/15	Home			"	Appl's cttee	6	45					2	70
9/11/15	Home			"	Appl's cttee	6	45					2	70
10/11/15	Home			"	SPC	6	45					2	70
17/11/15	Home			"	Planning	6	45					2	70
18/11/15	Home			"	SAMHS	6	45					2	70
25/11/15	Home			"	SPC	6	45					2	70
26/11/15	Home			"	CWF	6	45					2	70
1/1				"	Council	6	45					2	70
						6	45					2	70
												24	30
												24	30

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

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Date: **2.1.16**

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

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

04 JAN 2016

Councillor: MARY JONES

Address: [REDACTED]

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

Month Ending: DECEMBER
 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)		(12)		
					Miles (7)	Rate (8)	£			p	£	p	£	p
✓ 1/12/15	Home													
✓ 4/12/15	Home			Guildhall	CAMHS									
✓ 7/12/15	Home			GUILDHALL	Attendee at Standards Cttee	6	45							
✓ 8/12/15	Home			GUILDHALL	LSB	6	45					2	70	
✓ 9/12/15	Home			GUILDHALL	PLANNING	6	45					2	70	
✓ 14/12/15	Home			GUILDHALL	SJCP Improvement (service)	6	45					2	70	
✓ 15/12/15	Home	8.30	11.0	"	SPC	6	45					2	70	
✓ 18/12/15	Home	1.30	3.0p	"	CAMHS	6	45					2	70	
✓ 17/12/15	Home			"	AUDIT Cttee	6	45					2	70	
✓ 1/1				"	COUNCIL	6	45					2	70	
						TOTAL								
						Amount Claimed							24	30
						Less payment received or Claimed from any other body or authority							24	30

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Date: 2-1-16

Signature of Councillor: [REDACTED]

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)

- 4 APR 2016

Councillor: MALY JONES		Vehicle Reg: [REDACTED]		Month Ending: FEBRUARY 2016	
Address: [REDACTED]		Engine Size: [REDACTED]		Post Code: [REDACTED]	
		Fuel Type (e.g. Petrol/Diesel): [REDACTED]			

(1)	Date of Meeting	(2)	Start & End of Duty	Time of Meeting		(5)	Location of Duty	(6)	Travelling Allowances				Subsistence		Totals				
				Start (3)	End (4)				Place e.g. Civic Centre	Description of Approved Duties (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
✓	8/2/16	Home					CIVIC CENTRE SPC		6	45			3	60			3	60	
							PLANNING		6	45							2	70	
✓	10/2/16	Home					GUILDHALL SERVICE IMPROVEMENT		6	45			2	70			2	70	
✓	11/2/16	Home					GRAND THEATRE CBPS COMMISSION REVIEW (Mentor Alcohol)		6	45			2	70			2	70	
✓	12/2/16	Home					PORT TALBOT JRC		6	45			2	70			2	70	
✓	16/2/16	Home					GUILDHALL CAMHS		26	45			11	70			11	70	
✓	22/2/16	Home					GUILDHALL LSR		6	45			2	70			2	70	
✓	23/2/16	Home					GUILDHALL CAMHS		6	45			2	70			2	70	
✓	25/2/16	Home					GUILDHALL COUNCIL		6	45			2	70			2	70	
✓	29/2/16	Home					GUILDHALL LDP WORKSHOP		6	45			2	70			2	70	
12/2/16 NO DOCUMENTARY EVIDENCE - X										TOTAL		34		20		34		20	
Less payment received or Claimed from any other body or authority																			
Amount Claimed												34		20		34		20	

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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

5/4/16

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

4 APR 2016
FILE COPY

Councillor:	MARY JONES	Vehicle Reg:		Month Ending:	MARCH 2016
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	
12/3/16	HOME			CIVIC CENTRE	LDP TRANSPORT WORKSHOP	8	45			3	60			3	60
18/3/16	HOME			GUILDHALL	PLANNING	6	45			2	70			2	70
19/3/16	HOME			GUILDHALL	SERVICE IMPROVEMENT	6	45			2	70			2	70
10/3/16	HOME			GUILDHALL	EXTRAORDINARY COUNCIL	6	45			2	70			2	70
11/3/16	HOME			GUILDHALL	ERW REGIONAL SCRUTINY	6	45			2	70			2	70
17/3/16	HOME			GUILDHALL	CEREMONIAL COUNCIL	6	45			2	70			2	70
14/3/16	HOME			GUILDHALL	S P C	6	45			2	70			2	70
16/3/16	HOME			GUILDHALL	CAMHS	6	45			2	70			2	70
17/3/16	HOME			CHILDREN'S CENTRE	CAMHS SITE VISIT (PENLAW)	8	45			3	60			3	60
21/3/16	HOME			CIVIC CENTRE	LSB SCRUTINY	8	45			3	60			3	60
TOTAL														29	70

Less payment received or Claimed from any other body or authority
Amount Claimed 29 70

- 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: 29.3.16 Signature of Councillor: _____

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

5/4/16

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

FILE COPY
MARCH 2016

Councillor:	MARY JONES	Vehicle Reg:	[REDACTED]	Month Ending:	MARCH 2016
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		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			
✓ 22/3/16	HOME			CIVIC CENTRE	CAMHS	8	45								
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/ /															
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TOTAL															3	60
Less payment received or Claimed from any other body or authority																
Amount Claimed															3	60

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: 29.3.16

Signature of Councillor: [REDACTED]

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

still

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

- 4 JUL 2015

Councillor:	MARY JONES			Vehicle Reg:		Month Ending:	April
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 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	
7/4/16	HOME			GUILDHALL	EXTRAORDINARY COUNCIL	6	45								
11/4/16	HOME			"	SPC	6	45							2	70
12/4/16	HOME			"	PLANNING	6	45							2	70
13/4/16	HOME			"	SERVICE IMPROVEMENT	6	45							2	70
18/4/16	HOME			"	EQUALITY TRAINING	6	45							2	70
28/4/16	HOME			HIGH ST STN	TRAVELLING TO MS AWARDS WITH DAVE	6	45							2	70
28/4/16	HOME			& RETURN		3	45							2	70
1/1						3	45							1	35
1/1						3	45							1	35
1/1															
TOTAL															
Less payment received or Claimed from any other body or authority														16	20
Amount Claimed														16	20 0

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: 29.6.16

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: **MARY JONES**

Address: [REDACTED]

Vehicle Reg: [REDACTED] Engine Size: [REDACTED] Fuel Type: [REDACTED]

Month Ending: **MAY** Post-Code: [REDACTED]

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting		(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)	(7) Travelling Allowances				(8) Subsistence		(9) Totals							
		(3) Start	(4) End			(7) Miles	(8) Rate p	(9) Fares, Tolls, Parking, etc		(10) Total Travelling Allowance Claimed		(11) Outside the Authority's Area Only		(12) Totals					
								£	p	£	p	£	p	£	p				
4/5/16	Home			GUILDHALL	TRAINING	6	45												
9/5/16	Home			GUILDHALL	SPC	6	45							2	70				
10/5/16	Home			"	PLANNING SITE VISITS	6	45							2	70				
11/5/16	Home			"	PLANNING	6	45							2	70				
12/5/16	Home			"	GUILDHALL - CAMHS	6	45							2	70				
19/5/16	Home			"	WORK HANDBOOK Scouting	6	45							2	70				
20/5/16	Home			"	ANNUAL COUNCIL	6	45							2	70				
1/1				"	CEREMONIAL COUNCIL	6	45							2	70				
1/1						6	45							2	70				
TOTAL																			
Less payment received or Claimed from any other body or authority																			
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

= 4 JUL 2016

Councillor:		MARY JONES				Vehicle Reg.		Month Ending	JUNE			
Address:						Engine Size		Post Code				
		Meeting		Location of Duty		Description of Approved Duties		Travelling Allowances		Subsistence	Totals	
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)	(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)					
16/6/16	PADDINGTON STATION				PREMIER INN ^{MILTON} EVANS COURT		45	15 00			15 00	
16/6/16	PREMIER INN				MILTON PARK LANE			15 00			15 00	
16/6/16	MILTON HOTEL				PREMIER INN			15 00			15 00	
17/6/16	PREMIER INN				PADDINGTON STATION			17 00			17 00	
/ /					BREAKFAST PREMIER INN					7 95	7 95	
/ /												
/ /												
/ /												
/ /												
/ /												
TOTAL											7 95	7 95
Less payment received or Claimed from any other body or authority												
Amount Claimed												69 95

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: 24.6.16

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:		MARY JONES				Vehicle Reg:		Month Ending:	July						
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 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
✓ 5/7/16	HOME			GUILDHALL	Appointment	6	45			2	70			2	70
✓ 11/7/16	HOME			GUILDHALL	Scrutiny Prof Ctee 5913 IPT	6	45			2	70			2	70
✓ 22/7/16	HOME			PORTALBOT	JOINT RESILIENCE (SHAUN BURGESS NAT)	26	45			11	70			11	70
✓ 28/7/16	HOME			GUILDHALL	COUNCIL	6	45			2	70			2	70
/ /															
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TOTAL										19	80			19	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										19	80			19	80

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.

Date:	3/10/16	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

3/10/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	MARY JONES			Vehicle Reg:		Month Ending:	SEPTEMBER
Address:				Engine Size:		Post Code:	
				Fuel Type:			

(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 (7)			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		
	6/9/16	Home				GUILDHALL	PLANNING	6	45			2	70			2	70	
	12/9/16	Home				GUILDHALL	Scrutiny Proc Cttee	6	45			2	70			2	70	
	21/9/16	Home				GUILDHALL	SERVICE Imp Scrutiny	6	45			2	70			2	70	
	22/9/16	Home				GUILDHALL	COUNCIL	6	45			2	70			2	70	
	28/9/16	Home				GUILDHALL	PUBLIC SUCCS Scrutiny	6	45			2	70			2	70	
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											TOTAL		13 50				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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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: J

Payroll No: _____

Month Paid: _____

Date:	3/10/16	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

3/10/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		MARY JONES				Vehicle Reg.				Month Ending:		NOVEMBER	
Address:						Engine Size				Post Code:			
						Fuel Type (e.g. Petrol/Diesel)							
Date of Meeting (1)	Start & End of Duty (2)	Time of Meeting (3) (4)		Location of Duty (5)	Description of Approved Duties (6) <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances				Subsistence		Totals (12)	
	Place e.g. Home	Start	End	Place e.g. Civic Centre		Travel by Vehicle (7) (8)		Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)			
						Miles (7)	Rate (8) p	£	p	£	p	£	p
✓ 2/11/17	Killyn			GUILDHALL	SERVICE Smp	6	45			2	70		
✓ 7/11/17	Killyn			GUILDHALL	SAFEGUARDING TRAINING	6	45			2	70		
✓ 8/11/17	"			GUILDHALL	COUNCILLOR WORKSHOP HMO	6	45			2	70		
✓ 14/11/17	"			"	SPC	6	45			2	70		
✓ 15/11/17	"	9am	10am	"	STANDARDS CTTEE JACANCY PANEL	6	45			2	70		
✓ 15/11/17	"	5pm	6pm	"	MEMBERS BRIEFING Supported HMO	6	45			2	70		
✓ 21/11/17	"			"	STANDARDS CTTEE Interview	6	45			2	70		
✓ 23/11/17	"			"	Service Smp	6	45			2	70		
✓ 24/11/17	"			"	COUNCIL	6	45			2	70		
✓ 25/11/17	"			"	HMO Scrutiny	6	45			2	70		
TOTAL										27	00		
Less payment received or Claimed from any other body or authority													
Amount Claimed										27	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: 4.1.17

Signature of Councillor: _____

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

5/1/17

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		MARY JONES				Vehicle Reg.		Month Ending:	DECEMBER				
Address:						Engine Size		Post Code:					
		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		
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Start (3)	End (4)	Place e.g. Civic Centre (5)		Travel by Vehicle	Fares, Tolls, Parking, etc (9)		Total Travelling Allowance Claimed (10)			Outside the Authority's Area Only (11)	
					Miles (7)	Rate (8)	£	p	£	p	£	p	
✓ 6/12	Killybegs			GUILDHALL	Public Socy Boars	6	45						
✓ 12/12	Killybegs			"	Sen Improvment	6	45		2	70		2	70
✓ 12/12	Killybegs			"	SPC	6	45		2	70		2	70
✓ 15/12	"			"	COUNCIL	6	45		2	70		2	70
✓ 20/12	"			"	Service Imp	6	45		2	70		2	70
1/1													
1/1													
1/1													
1/1													
Less payment received or Claimed from any other body or authority									TOTAL		13 80		
Amount Claimed									13 80		13 80		

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:	4.1.17	Signature of Councillor:	
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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____