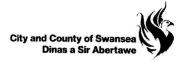
## Councillors ICT Claim Form



Month Paid:

Councillor Name:	B	TRON G. OWEN			
Address:					b.
Post Code:				***************************************	
Please provide of payments will or	details of nly be ma	CT items or support purchased. In accorde to Councillors following the completic	ordance with the Independent Remune on of this form together with the relevant	ration Panel for 'ant receipt(s).	Wales (IRP
Date Purchased		Item / Ser	vice Purchased		Cost
31. 7. 14	BLACK	COLOURED INK PACK			130 -
			<b>p</b>		
			Total An	nount Claimed	£30 —
	hat I am e	osts to enable me to fulfil my duties as a entitled to an ICT allowance not exceedir			31.7.14
			-4		
				For Office Use	
				Checked By:	SAU

## Councillors ICT Claim Form 0.3 SEP 2014 City and County of Swansea Dinas a Sir Abertawe

Payroll No.:

Month Paid:

Councillor Name:		BYRON G. OWEN		
ddress:				×
ost Code:				
Please provide payments will or	details only be n	of ICT items or support purchased. In accordance with the Independent Remuneration adde to Councillors following the completion of this form together with the relevant re	n Panel for \ eceipt(s).	Wales (IRPV
Date Purchased		Item / Service Purchased		Cost
20.8.14	APPL	e I. Pad		399 —
9				
-				
	<u> </u>			
7				
	•	Total Amoun	t Claimed	£399 —
A. I have incurred B. I understand to	d these that I an	costs to enable me to fulfil my duties as a Councillor in accordance with the IRPW det n entitled to an ICT allowance not exceeding £800 per political term (2013-2017).	termination.	
Councillor Signature:		Da	ate:	3.9.14
		For C	Office Use	
		Chec	ked By:	MAN