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

Councillor:		COUNCILLOR ROB STEWART					~ O MAD									
					Vehicle Reg.				Month "" Ending:		MARCH 2017					
	HUW MOWBRAY,				Engine Size					9-						
	PHIL ROBERTS,			Fuel Type (e.g. Petrol/Diesel)		****************										
<u>. *1 . [ </u>					(e.g. Petrol/Diesel)	1				¥ ==						
	Start &	Time of		Location of Duty						Po	st Co	de:				
Date of Meeting	End of Duty Place	Meeting Start End			Description of	Approved Duties	Travelling Allo				owances		Subsistence			
	e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Standard Council Diary meeting please provide the name of the officer present)			Travel by Fares Vehicle Tolis Parkin		3,	Travelling		Outside the Authority's Area Only		Totals	
(1)	(2)	(3)	(4)	(5)	(6)		Miles (7)	Rate (8)	etc (9) £ p		Claimed (10)		(11)		(12)	
13/3//17				Gatwick Airport	Travelling to MIPIM event in France Breakfast for Rob Stewart/Phil Roberts/Huw Mowbray								36	95	36	95
13/3 /17				Cannes France	Taxi fare for Rob Stewart/Phil								21	14	21	14
13/3/17				Cannes	Roberts/Huw Mowbray Food									'	- '	'*
40/0/47				France									23	91	23	91
13/3/17				Cannes France	Food/hospitality in hotel for Rob						<del> </del>	-	50	16	50	16
13/3/17	**			Cannes	Stewart/Phil Roberts/Huw Mowbray Taxi fare Rob Stewart/Phil						<u>.</u>					
14/3/17				France Cannes	Roberts/Huw Mowbray								60	35	60	35
				France	Taxi fare for Rob S Roberts/Huw Mow	Stewart/Phil							36	43	36	43
14/3/17				Cannes	Taxi from Confere	nce venue to airport							-			
				France	for Rob Stewart/P Mowbray	hil Roberts/Huw							52	62	52	62
								$\vdash$	-							
Less payment received or Claimed from any other body or authority								281	56	281	50					
								401	30	401	56					
									nt Clain							

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

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A) I declare	that I have necessarily incurre	d expenditure on travelling and sub-	Sintana - E II	o perform approved duties as an Elected		
Member of th	For Office Use					
rates determi	3. 3.1160 000					
B)   declare	1					
subsistence	Checked by:	Out				
(C) If using a						
specifically in	1					
D) An e-mail	l					
Date:		Signature of Councillor:			Payroll No:	
	28-3-17	Joignature of Octationion.			1	-
	24 3 1 1				Month Paid:	

PLEASE NOTE THIS IS TO BE PAID OUT OF BUDGET CODE - 01 421 42408 300433 00000 00000

THE CLAIM IS FOR 1 MEMBER AND 2 OFFICERS BUT THE PAYMENT OF £221.21 IS TO BE PAID TO COUNCILLOR ROB STEWART AND THE PAYMENT MARKED WITH AN \*\* FOR £60.35 IS TO BE PAID TO PHIL ROBERTS