(PLEASE COMPLETE THIS FORM IN BLACK INK) Councillor: **Uta Clav** Vehicle Registration Month Number: Ending: Address: Post Code: Start & Time of **Location of Duty** End of Meeting Description of Approved Duties **Travelling Allowances** Date of Duty **Subsistence** Meetina Place Start End Place e.g. Civic (If not a Standard Council Diary meeting please Travel by Fares. Total e.g. Outside the Centre **Totals** provide the name of the officer present) Vehicle Tolls. **Travelling** Home Authority's Parking. Allowance Area Only Miles Rate etc Claimed (1) (2)(3)(4)(5) (6)(7)(8) (9) (10)(11)(12)£ 6/15 445 Gimildia 14 45 3.30 Emmunities Plannin sik visit 80 Guild 14 1.15 4.70 14 Services CA 14 home 1.15 ١L aula MSS counission's sulchap DIGINA 10 Dom Care Comm TOTAL 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 For Office Use 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. Checked by: 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. 31. 7. 20 Signature of Councillor: Payroll No: Date: Month Paid:

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Please, Submit claims within 3 months of duty with fuel VAT receipt * Concinmation not usual alloce

05 OCT 2015

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

Councille		Uta (Clay 		Ver Nur	nicle Registra mber:	tion					onth ding:		Sep	t. '	201	5
Address												st Co	de:				
Date of Meeting	Start & End of Duty	Mee	e of	Location of Duty	Desc	ription of Approved	I Duties		Trav	elling Al	owan	ces		Subsist	ence		
	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stand provide to	dard Council Diary he name of the offic	meeting please cer present)	Trave Veh	icle	Fare Tolls Parkin	s, 1g,	Total	lling ance	Outside Author Area C	ity's	Tot	als
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rates determi	ned by the	Independ	lent Rom	ed expenditure on tra ctually and necessaril uneration Panel for W		actual mileage in col	umm / above. In	ie amoun	its claim	ed are in	accord	dance wit	th the	F	or Of	fice Use	
C) If using a	private vehi	icle whils	t on Cou	re correct. Except as ne duties indicated ab noil business, Councill ting use.	shown above i ove. lors should ensi	have not made, and ure that they have a	d will not make, a valid driving licen	ny claim ce. MOT	under a	ny enacti	ment fo	or travelli	ing or	Checke	ed by:	_	<u>X</u>
specifically in D) An e-mail	from the Co	ouncillor	will be ac	cepted as a signature	providing the n	ame of the Councillo	or is included.			-Picilolia	TO VEI	iicie ilisu	iance	Payroll	No:		
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK)

-4 NOV 2015

Councille	or:	Uta	Clay		Veh	nicle Reg	gistration						onth		00	T	201	5
Address	•							-l					ding: st Co	de:		-16		<u> </u>
Date of	Start & End of Duty		ne of eting	Location of Duty	Desc	ription of Ap	oproved Dutie	s		Тгач	elling A	lowan	ces	_	Subsis	tence	76	OPI
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(if not a Standard provide t	dard Counci he name of t	l Diary meetir the officer pre	g please sent)	Trave Veh	el by icle	Fare Toil Parki	s,	Tot Trave Allow	lling	Outsid Author Area (rity's	То	tals
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rates determine	ned by the I	ndepend	ent Remi	ed expenditure on tra ctually and necessaril uneration Panel for Wa	y mountou (170 L	aotaui iiilieagi		above. In	e amoun	ts claim	ed are in	accon	dance wi	th the	-	For Of	fice Use	9
B) I declare subsistence e	that the state	tements	above an	e correct. Except as	shown above I	have not ma	ide, and will no	ot make, ar	ny claim	under a	nv enact	ment f	or travell	ina or	Checke	ed by:	3	5_
specifically in	cluding busi	ness and	commut	ncil business, Councillaing use.	ors snould ensu	ure that they l	have a valid dr	iving licenc	e, MOT	and com	prehens	ive vet	icle insu	rance				
Date:				cepted as a signature	providing the na	ame of the C	ouncillor is inc	uded.							 Payroll	No:		
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		Uta	Clay ——			icle Registration nber:						onth ding:		M	VC	201	5
Address	5: 		_								Po	st Co	de:				
Date of	Start & End of Duty	Me	ne of eting	Location of Duty	Desc	ription of Approved Dutie	s		Trav	elling Al	lowan	ces	.	Subsist	ence		
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A) I declare	that I have	necessa	rily incum	red expenditure on tra	avelling and sub	sistence for the purpose o	f enabling	mo to no	eform o	same and	ے مالک ماد						
						ctual mileage in column 7	above. Th	e amoun	ts claim	ed are in	accon	as an Ei dance wi	ectea th the	<i>"</i>	or Off	fice Use	9
B) I declare	that the sta	atements	above a	re correct. Except as	raies. : shown ahovo I	have not made, and will n											カノ
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specifically i	ncluding bus	iicie wniis siness an	st on Cou id commu	ncii business, Counci itina use.	llors should ensu	ire that they have a valid d	iving licen	ce, MOT	and con	nprehensi	ve vet	nicle insu	rance				
D) An e-ma	il from the C	ouncillor	will be ac	cepted as a signature	providing the n	ame of the Councillor is inc	luded.							 Payroll	No:		
Date:				Signature of C	councillor:						_	_		- ayloll	10.		
3.4.15														Month F	²aid:		

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 0 4 JAN 2016 (PLEASE COMPLETE THIS FORM IN BLACK INK)

Address		Uta (Clay		Veh Num	cle Registr ber:	ation					nth ding:		Dec	. 2	9 15	>
Address	•										Po	st Coo	de:				
Date of Meeting	Start & End of Duty		e of iting	Location of Duty	Descri	ption of Approv	ed Duties		Trav	elling Ali	owan	ces		Subsiste	nce		
	e.g. Home			Place e.g. Civic Centre	(If not a Stand provide th	ard Council Dia e name of the of	y meeting please ficer present)	Trave Veh	lcle	Fare: Tolls Parkir etc	s, 1g,	Tota Travel Allowa Claim	ling Ince	Outside Authorit Area Or	y's	Tot	tals
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rates determi	ned by the I	ndepend	ent Remi	ed expenditure on tra ctually and necessari ineration Panel for W	alaa	iuai iillisage iii c	olumn / above. The	e amoun	ts claim	ed are in :	accord	lance with	h the I	Fo	or Offi	ce Use	
subsistence (C) If using a specifically in	that the state expenses in private vehingluding busi	tements connecti cle whils iness and	above are on with th t on Cour t commut	e correct. Except as e duties indicated ab- icil business, Councill	shown above I hove. Iors should ensur	e that they have	a valid driving licenc	ny claim e, MOT a	under a	ny enactn prehensiv	nent fo ve veh	or travellir icle insur	ng or ance	Checked	l by:		25
D) An e-mail	from the Co	ouncillor v	will be acc	Signature of C	providing the na	me of the Counci	llor is included.			_				Payroll N	lo:		
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 10 2 FEB 2016 (PLEASE COMPLETE THIS FORM IN BLACK INK)

Councille		Uta (Clay			Vehicle I Number:	Registratio	on					nth ding:		JA	H ?	010	0
Address	:											Po	st Co	de:				
Date of	Start & End of Duty		e of eting	Location of Duty	ı	Description	of Approved [Outies		Trav	relling Al	lowan	ces		Subsist	ence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a prov	Standard Co	ouncil Diary me of the office	eeting please r present)	Trave Veh	icle	Fare Toll Parki	s, ng,	Tot Trave Allow	lling ance	Outside Author Area C	ity's	Tot	als
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D) An e-mai	nciuaing bus	siness an	id commu	iting use. ecepted as a signature	providing	the name of				and GOI	iipienens	ove vel	micie inst	irance	Payroll	No:		
Date:	5.1	وله.	2016	Signature of C	Councillo	or:									Month	Paid:		
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COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK) Councillor: **Uta Clay** Vehicle Registration Month Number: **Ending:** Address: Post Code: Start & Time of **Location of Duty** End of Meetina **Description of Approved Duties** Travelling Allowances Subsistence Date of Duty Meeting Place Start End Place e.g. Civic Travel by Total Fares. **Outside the** Totals (If not a Standard Council Diary meeting please e.g. Centre Vehicle Tolls. Travelling Authority's provide the name of the officer present) Home Parking. Allowance Area Only Miles etc Claimed Rate (1) (2)(3) (4) (5) (6) (7)(8) (10)2,15 5,45 Guidland 12/16 Hone Schalin 45 30 3.00 20 6 la. 4 20 1245 3,15 2,30 4,15 Oldwer Ma 4 40 3.30 2,30 Bridge Brid Ą. 9 50 27 45 4.1517 colouidlass 30 20 TOTAL Less payment received or Claimed from any other body or authority 250 **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 For Office Use 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 Checked by: 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. Payroll No:

7/3/16.

Month Paid:

Signature of Councillor:

Date:

1.3.2016

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



Councill		Uta	Clay		Vehic Num	cle Registration ber:						onth iding:		Ma	rcl_	201	6
Address	5 :										_	st Co	de:		•		
Date of	Start & End of Duty		eting	Location of Duty	Descrip	otion of Approved Duties			Trav	elling A	llowan	ıces	_	Subsist	tence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Standa provide the	ard Council Diary meeting name of the officer prese	olease nt)	Trave Veh		Fare Toll Parki	s,	To Trave	lling	Outside Author Area (ity's	Tot	tals
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subsistence C) If using a specifically ir	private veh	icle whils	t on Cou	ncil business. Councill	shown above I ha ove. lors should ensure	ave not made, and will not retail that they have a valid drivir	nake, ar g licenc	ny claim e, MOT a	under a	ny enact	ment fo	or travell nicle insu	ing or	Checke	ed by:	2	۷_
D) An e-mai	I from the Co	ouncillor	will be ac	cepted as a signature Signature of C	providing the nan	ne of the Councillor is includ	edbe							Payroll	No:		
Duto.	31.	3.20	016	Signature of C	ouncillor;									Month F	Paid:		

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK) Councillor: **Uta Clay** Vehicle Registration Month Number: Ending: Address: Post Code: Start & Time of **Location of Duty** End of Meeting **Description of Approved Duties Travelling Allowances Subsistence** Date of Duty Meetina **Place** Start End Place e.g. Civic Travel by (If not a Standard Council Diary meeting please Fares. Total **Outside the Totals** e.g. Centre Vehicle provide the name of the officer present) Tolls. Travelling Authority's Home Parking. Allowance Area Only Miles Rate etc Claimed (1)(2) (3) (5) (6)(7) (8) (10) (11)(12)14/16 Home 1.00 ildhall scintin 45 30 6 1201. 6 Guildhall Extranco Tons 14 30 6 h Santry Pager. Committee 14 6 30 4,30 5,106 14 30 6 eanalite + Hum. R. 14 20 6 1.15 4.30 14 20 6 TOTAL 40 50 40 02 Less payment received or Claimed from any other body or authority Amount Claimed 150 UO (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 For Office Use 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 Checked by: 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. Payroll No: Date: Signature of Councillor: 26.4,2016

Month Paid:

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Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stand provide the	ard Council Diary meeting e name of the officer prese	please nt)	Trave Vehi		Fares Tolls Parkin	3,	Tot Trave Allowa	lling	Outside Authori Area O	ity's	Tot	tals
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						sistence for the purpose of e ctual mileage in column 7 abo	nabling r	me to pe	erform a _l	pproved d	luties :	as an Ei dance wi	lected	F	or Of	fice Use	
B) I declare subsistence e	that the sta	tements	above ar	re correct. Except as	s shown above I h	nave not made, and will not i	make, ar	ny claim	under a	ıny enactm	nent fo	or travell	ling or	Checke	d by:		1
						re that they have a valid driving the councillor is included.		ce, MOT	and com	nprehensiv	ve veh	icle insu	rance	Dormall	Ma.		
Date:	17	. 0.	> 16	I Signature of C	ouncillor:									Payroll	140;	_	
	1 " 0	NOC.	7 10	, I										Month F	^o aid:		

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 55 SEP 2016 Councillor: **Uta Clav** Vehicle Reg. Month Ending: **Engine Size** Address: Post Code: Fuel Type (e.g. Petrol/Diesel) Start & Time of **Location of Duty** End of Meeting **Description of Approved Duties Travelling Allowances** Date of Duty Subsistence Meeting **Place** Start End Place e.g. Civic (If not a Standard Council Diary meeting **Travel by Vehicle** Fares. Total **Outside the** e.g. please provide the name of the officer Totals Centre Tolls. Travelling Home Authority's present) Parking. Allowance Area Only Miles Rate etc Claimed (1) (2) (3) (4) (5)(7) (8) (9) (10)(11) Home 45 4.15 Civic Commun 16 45 4.15 Guild PRU + SOC, COX UT 3 30 Cluic Dave Hour + flex William رن ا 8pm Guild 45 45 h 215 6.15 45 Soc. Sal. Schatte UT TOTAL 53 20 Less payment received or Claimed from any other body or authority **Amount Claimed** Salac 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 For Office Use 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. Checked by: 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. Payroll No: Date: Signature of Councillor: 2.9.2016 Month Paid:

31 OCT 2016

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

Councille	or:	Uta	Clay			Vehicle Reg.					onth iding:		Sap		2016	_
Address						Engine Size Fuel Type (e.g. Petrol/Diesel)					st Co		00	1	10)
Date of	Start & End of Duty	Med	eting	Location of Duty	Descripti	ion of Approved Duties		Travelli	ng Allow	/ances	\$		Subsiste	ence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stand please provi	dard Council Dlary meeting ide the name of the officer present)		y Vehicle	Fare Toli: Parki	s,	Tot Trave Allow	iling	Outside Authori Area O	ity's	Tot	tals
(1)	(2)	(3)	(4)	(5)		(6)	Miles (7)	Rate (8)	etc (9) £		Clair (10 £		(11) £	.	ر1 1	2)
12/9/16	Hane	3,15		Guildh V	Scurin	> Boar. Comm	14	45		P	6	30		۳_	-	2
15791	ы	1.15	3.30	4 V	Comme	enites CAC	lan				6	30			6	30
19/9/	V		3,45	4 ~	PRU. S.	oclar CAC	14				6	10			-9	30
2019 1	U	A	12.30	u v	Wask Dis		14				6	30			7	30
21/9/	h	2,45	7.00	h ~	Scynby p		14				6	30			6	20
97/9/	6	1.15	2,45	M V	LA Gove	rnor Panel	14				6				-2	30
25/10/16	h	7.45	1230	Civic Cente	-cmmpa	we Ad SSD D. Flow	16				7	20			5	20
Harry III			2.15	(Surfer to)	LA Gotte		#	i.c							- 3	药
31/10/16	ě.	215	1000	gamen v	That ! who	Thomas Hopel C SSD	TH				6	30			6	30
26/7/16		1,15	10.30		MWD. Ser	U. Improv. Panel	165				6	30			6	20
							· ·		TO		57	60			57	60
				Le	ess payment r	eceived or Claimed from	any othe	er body d	or autho	ority						
								Amou	nt Clair	ned	57	60			57	60
A) I de al	Alexa II Co															
rates determ	ined by the	Indepen	dent Ren	uneration Panel for t	Molos	sistence for the purpose of ena actual mileage in column 7 above	e. The amo	ounts claime	ed are in	accord	dance wi	th the	Fo	or Off	ice Use	
B) I declare subsistence (C) If using a	that the state expenses in private veh	stements connec licle whil	s above a tion with a st on Cou	are correct. Except a the duties indicated a uncil business. Coun-	as shown above I	have not made, and will not ma	ike, any cla	im under ar	ny enactn	nent fo	or travelli	ing or	Checked	d by:		<u></u>
D) An e-mai	cluding bus	siness ar ouncillor	nd commi will be a	uting use. ccepted as a signatu	re providing the na	ame of the Councillor is included.	ncence, MC	and com וע	prenensi	ve veh	iicle insu	rance	Payroll I	No		
Date:	31.10			Signature of (Councillor:								Month P			

29 NOV 2016 COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK)

	ouncill	or:	Uta	Clay			Acres 1	hicle Reg.					100000	onth ding:		Nou	ein	bes	16
	ddress	:					Fu	el Type Petrol/Diesel)					Po	st Co	de:				
	Date of	Start & End of Duty	Mee	e of eting	Location of Duty	Description	on of App	roved Duties			Travelli	ing Allov	vances			Subsiste	ence		
	Viceting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stand please provi	fard Coun de the nar present	cil Dlary meeting ne of the officer)			y Vehicle	Fare Toll Parki	S,	Tot Trave Allows	lling	Outside Authori Area O	ity's	To	tals
	(1)	(2)	(3)	(4)	(5)		(6)		N	liles (7)	Rate (8)	etc (9) £		Clain (10 £		(11) £) p	(1 £	12)
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						boo payment it	CCCIVEU	Of Claimed Iro	III a	ny otn	_			1	215				
										- 11	Amou	nt Claiı	mea	NP	22	<u></u>		46	35
ra B	tes determ I declare	ined by the that the state	Independents atements	dent Ren above a	rred expenditure on a actually and necessanuneration Panel for a are correct. Except a the duties indicated a	Wales. as shown above	have not r	nade, and will not n	ove. nake	the amo	ounts claime sim under a	ed are in ny enactr	accord ment fo	dance wit or travelli	th the	Fo Checke		ice Use)
S	pecifically in An e-mai	ncluding bus il from the C	siness ar councillor	ist on Col id commi will be a	uncil business, Counuting use. ccepted as a signatu	ciliors should ensu ire providing the na	re that the	y have a valid drivin Councillor is include	ng lica nd	ence, Mo	OT and com	prehensi	ve veh	icle insu	rance				
	ate:	29.			Signature of 0	Councillor:		Councillo 13 Holdide	, and	-						Payroll I			
																HOURT	alu.		

29/11/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM (PLEASE COMPLETE THIS FORM IN BLACK INK) 7 3 JAIN 2017

	Council	lor:	Uta	Clav				Vehicle R	00				D.A.	a malific	-	. 4 5015		- "	
		i		,				Engine Si						onth iding:		Dec	2	016	0
Γ	Address	3:								•		• • •	<u> </u>						
								Fuel Type (e.g. Petrol/D	iesel)	-				st Co	ae:				
ſ	Date of	Start & End of Duty		eting	Location of Duty	Descr	ription of	Approved Duti			Travell	ing Allov	wance	s		Subsist	ence		
	Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(if not a Si please pi	rovide the	Council Diary me name of the cesent)	eeting		y Vehicle	Fare Toli Parki	ls, ing,	Tot Trave Allow	elling ance	Outside Authori Area C	ity's	Tot	tals
	(1)	(2)	(3)	(4)	(5)			(6)		Miles (7)	Rate (8)	ete (9)	Clair (10 £	0)	(11)			2)
	12/12/16	Home	3,15	7.15	Guildhall	Scurti	12 CM	702 r. Co	un 4	14	45		Р	6	J0	£	p	£	p
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ı											Amou	nt Clai	mea	15	75	<u></u>		1.5	75
	rates detern	nined by the	Indepen	dent Rem	red expenditure on actually and necessa nuneration Panel for	aniy incurred tr Walee	ne actual	mileage in colur	nn / above	The am	ounts claim	ed are in	accon	dance wi	th the	F	or Off	ice Use	9
1	C) If using	a private veh	icle whil	st on Cou	are correct. Except a the duties indicated a uncil business, Coun											Checke	ed by:		<u>X</u>
	D) An e-ma				uting use. ccepted as a signatu						⊃ianoicom	nprehens	ive vel	nicle insu	Irance	Payroll	No:		
	Date:	I		Signature of Councillor:											Month F				

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

Cou	ncillor:	Uta	Clay			Vahiala Dag					K ZU	17				
			J.J.			Vehicle Reg. Engine Size	-		• • • •	200000	onth nding:		Felo.	20	17	
Addi	ess:					Fuel Type (e.g. Petrol/Diesel)					ost Co				1	
Date	Start End of Duty	f Me	me of eting	Location of Duty	Description	of Approved Duties		Travell	ing Allov	vance	s		Subsist	ence		
Meeti	ng Place e.g. Home		End	Place e.g. Civic Centre	please provide	rd Council Dlary meeting the name of the officer present)		y Vehicle	Fare Toll Parki	s, ng,	Tot Trave Allow	lling ance	Outside Author Area C	ity's	Tot	tals
(1)		(3)	(4)	(5)		(6)	Miles (7)	Rate (8)	etc (9)		Clair (16		(11) £) D	£ (1	12)
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1				Le	ess payment red	ceived or Claimed from	anv oth	er body (or autho	ority	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/0			20	70
-					-				nt Clair		20	70		-	20	70
1														لبسا	79	10
A) I de Membe	clare that I ha	ive necess	arily incu	rred expenditure on the	travelling and subsis	stence for the purpose of ena	bling me to	perform a	pproved o	duties	as an El	ected	F	or Of	ice Use	
rates de	etermined by t	he Indene	ndent Per	Dunomtion Donal for	Meles	nai mineage in column 7 abov	e. Ine amo	ounts claim	ed are in	accon	dance wi	th the				
subsist	eciare that the ence expense	statement s in conne	ts above : ction with	are correct. Except a the duties indicated a	as shown above I ha	ave not made, and will not ma	ake, any cla	im under a	ny enactr	nent f	or travelli	ing or	Checke	d bv:		<u> </u>
C) If us	sing a private	vehicle wh	ilst on Co	uncil business Coun	cillors should ensure	that they have a valid driving	licence MC)T and com	nrehonei	vo vot	iolo incu			.		
D) An	ally including a-mail from th	business a e Councillo	nd comm r will be a	uting use. accepted as a signatu	re providing the new	,		71 and con	ibi cueusi	AQ ACI	ncie irisu	rance				
Date	: 0	0 0	~ ,	Signature of C		-							Payroll	No:		
	3.	5.7	7 10	9	Journal Land								Month I	⊃aid:	_	