

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

31 JUL 2015

July +
June 15

Councillor:		Uta Clay		Vehicle Registration Number:				Month Ending:			
Address:								Post Code:			

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 (12)			
		Start (3)	End (4)			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						
✓ 1/6/15	home	1.15	4.45	Guildhall	TASS Scrutiny panel	14	45							6	30
✓ 8/6/15	"	1.15	3.30	Civic	Child & family Scrutiny	16								7	20
✓ 17/1/15	"	11.15	1.15	Bonynghen	Communities First	6								2	70
✓ 23/1/15	"	9.30	4.30	Frederick Pl.	LDP Planning site visit	3								1	25
✓ 25/1/15	"	9.45	8.00	Guildhall	Council	14								6	30
✓ 29/1/15	"	1.15	4.30	"	TASS	14								6	30
✓ 30/1/15	"	1.15	3.	"	Services CAC	14								6	30
✓ 6/7/15	home	1.15	4.30	"	Child & Fam. Scrutiny panel	14								6	30
✓ 27/1/15	"	8.15	3.00	Civic	TASS commissioning workshop	16								6	30
31/1/15	"	9.30	1	Oldway Ho	Dom Care Comm. Review	12								7	20
TOTAL														55	35
Less payment received or Claimed from any other body or authority															
Amount Claimed														55	35

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:	31.7.2015	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 *Confirmation not available

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

05 OCT 2015
05 OCT 2015

Councillor:	Uta Clay	Vehicle Registration Number:		Month Ending:	Sept. 2015
Address:				Post Code:	

Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location of Duty	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		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)					
						Miles (7)	Rate (8)								
4/9/15	home	10.15	1.30	Oldway Ho	Commissioning Review (SSD)	✓ 12	45	£ 2	p 40	£ 7	p 80	£ 7	p 80		
10/9/15	"	8.10	3.45	Guildhall	Day Service Workshop	✓ 14	45					£ 6	p 30		
11/9/15	"	8.10	6.00	Civic C.	Comm. Review Card Items	✓ 16	45					£ 7	p 20		
21/9/15	"	1.15	5.00	"	TASS Scrubbing	✓ 16	45					£ 7	p 20		
22/9/15	"	10.15	12.30	Corrain Hoop	TASS visit to North Hub	✓ 18	45					£ 8	p 10		
24/9/15	"	4.15	2.00	Civic	Council	✓ 16	45					£ 7	p 20		
/ /															
/ /															
/ /															
/ /															
TOTAL														£ 43	p 80
Less payment received or Claimed from any other body or authority															
Amount Claimed														£ 43	p 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:	4.10.2015	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)

- 4 NOV 2015

Councillor:		Uta Clay			Vehicle Registration Number:						Month Ending:		OCT, 2015		
Address:												Post Code:			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (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)			
						Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)					
						Miles (7)	Rate (8)								
✓ 5/10/15	Home	9.40	12.15	Banymore Comm. First	✓ 6	45									
✓ 19/1/15	"	1.15	5.00	Guildhall	✓ 14								2	70	
✓ 20/1/15	"	4.15	9.30	Civic	✓ 16								6	30	
✓ 26/1/15	"	1.15	5.00	GH	✓ 14								7	20	
✓ 27/1/15	"	8.45	12.00	GH	✓ 14								6	30	
/ /													6	30	
/ /															
/ /															
/ /															
/ /															
TOTAL														28	80
Less payment received or Claimed from any other body or authority															
Amount Claimed														28	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.

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:	3.11.2015	Signature of Councillor:	
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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)

2 DEC 2015

FILE COPY

Councillor:	Uta Clay	Vehicle Registration Number:		Month Ending:	NOV 2015
Address:				Post Code:	

Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travelling Allowances				Subsistence		Totals							
	Place e.g. Home	Start	End	Place e.g. Civic Centre		Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed	Outside the Authority's Area Only									
						Miles	Rate				£			p	£	p	£	p	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)		(12)					
9/11/15	Home	3.45	7.15	Guild Hall	✓ Scrutiny	✓ 14	45			6	30			6	30				
16/ /	"	1.15	4.45	"	✓ TASS	✓ 14				6	30			6	30				
17/ /	"	11.45	2.30	"	✓ CAMHS	✓ 14				6	30			6	30				
18/ /	"	8.15	12.00	Civic	✓ Visit to Intake team	✓ 16				7	20			7	20				
18/ /	"	4.15	7.45	Guild Hall	✓ Special Scrutiny	✓ 14				6	30			6	30				
23/ /	"	1.15	3.45	"	✓ CHC (Soc Serv)	✓ 14				6	30			6	30				
25/ /	"	4.30	8.30	Civic	✓ Training :Comm. Engagem	✓ 16				7	20			7	20				
26/ /	"	4.15	9.30	Guild Hall	✓ Council	✓ 14				6	30			6	30				
27/ /	"	12.15	4.15	Marina	✓ Presentation by TREAT (TASS)	✓ 12				5	40			5	40				
1/ /				Village Hall	SAI 8EL														
										TOTAL				57		60			
										Less payment received or Claimed from any other body or authority									
										Amount Claimed						57		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: _____

Payroll No: _____

Month Paid: _____

Date:
3.4.15

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)

04 JAN 2016

Councillor:		Uta Clay			Vehicle Registration Number:				Month Ending:		Dec. 20 15		
Address:										Post Code:			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (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)	
						Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)			
						Miles (7)	Rate (8)						
✓ 1/12/15	home	9.45	11.00	Guildhall	CAMHS	14	45						6 30
✓ 9/1/16	"	9.15	12.15	"	Education LDP	14							6 30
✓ 14/1/16	"	1.00	6.00	"	1ASS/Scouting Progr.	14							6 30
✓ 15/1/16	"	1.15	3.45	"	CAMHS	14							6 30
✓ 17/1/16	"	3.15	10.00	"	External Council / Council	14							6 30
✓ 21/1/16	"	1.15	4.00	"	CAC Sear Gardsien	14							6 30
/ /					* Prevention + Social care Refm.								
/ /													
/ /													
/ /													
TOTAL													31 50
Less payment received or Claimed from any other body or authority													
Amount Claimed													31 50

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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date:	4.1.2016	Signature of Councillor:	
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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)

02 FEB 2016

Councillor:		Uta Clay		Vehicle Registration Number:				Month Ending:		JAN 2016	
Address:								Post Code:			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (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			
		Start	End			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p	Outside the Authority's Area Only (11) £ p	(12) £ p				
						Miles (7)	Rate (8) p								
X 5/1/16	home	8.45	11.45	Guildhall	CAMHS (CANCELLED)	14	45						6	30	
✓ 19/1/16	"	12.45	7pm	"	✓ TASS Scanning Programme	14	45			6	30		6	30	
✓ 19/1/16	"	8.45	11.45	"	✓ CAMHS	14	45			6	30		6	30	
✓ 22/1/16	"	9.15	4.45	Gorseion Centre	✓ Commissioning Review	18	45			8	10		8	10	
✓ 25/1/16	"	1.15	4.30	Guildhall	✓ CAC Soc Care	14	45			6	30		6	30	
X 26/1/16	"	1.40	4pm	Guildhall	Meet w. Police Comm. officers for Davies	6	45			2	70		2	70	
✓ 27/1/16	"	1.15	3.45	Coastal High Street	CAMNS: Mental Health Forum	12	45			5	40		5	40	
✓ 28/1/16	"	8.45	8.15	Guildhall	✓ Council meetings	14	45			6	30		6	30	
1/1															
1/1															
TOTAL										41	40			41	40
Less payment received or Claimed from any other body or authority															
Amount Claimed										41	40			41	40

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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For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date: 2 Feb 2016

Signature of Councillor:

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

3/2/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

-3 MAR 2016
FILE COPY

Councillor:	Uta Clay	Vehicle Registration Number:		Month Ending:	February 2016
Address:				Post Code:	

Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties	Travelling Allowances				Subsistence		Totals			
		Place 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 Vehicle		Fares, Tolls, Parking, etc			Total Travelling Allowance Claimed	Outside the Authority's Area Only
	Miles			Rate					£	p					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)				
3/12/16	Home	2.15	5.45	Guilthall	Scrubbing WQNS	✓14	45			6	30		6	30	
4/1/1	"	4.30	8.00	"	" Gaps/Traveller	✓14				6	30		6	30	
8/1/1	"	12.45	4.15	"	" TASS	✓14				6	30		6	30	
15/1/1	"	12.45	3.15	"	Met. w. Highway (Jeff Green etc)	✓14				6	30		6	30	
16/1/1	"	2.30	4.15	Oldway Rd	" " Dave Howe & Alex Williams	✓12				5	40		5	40	
23/1/1	"	8.30	2.30	End of SWB	Frederick Pl. Civic C. Bingley	✓		2.50							
25/1/1	"	4.15	9.00	Guilthall	end Civic, Civic, Frederick Pl. Council	61				27	45		27	45	
26/1/1	"	1.15	3.15	Civic	LDP Seminar	✓14				6	30		6	30	
									TOTAL	71	55		71	55	
									Less payment received or Claimed from any other body or authority	+		2.50		2	50
									Amount Claimed					74	05

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For Office Use

Checked by:

Payroll No:

Month Paid:

Date:	1.3.2016	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

7/3/16.

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

FILE COPY

Councillor:	Uta Clay	Vehicle Registration Number:		Month Ending:	March 2016
Address:				Post Code:	

Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travelling Allowances				Subsistence		Totals		
	Place e.g. Home	Start	End	Place e.g. Civic Centre		Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed	Outside the Authority's Area Only				
						Miles	Rate				£			p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			
7/13/16	Home	12.45	4.30	Guildhall	✓ TASS	14	45					6	30	
10/1/16	"	4 pm	8 pm	"	✓ Council	14	45					6	30	
14/1/16	"	3.30	7.30	"	✓ Scouting Programme	14	45					6	30	
17/1/16	"	10am	1pm	Child Centre	✓ CAMHS Scouting (SAS 712)	15	45					6	30	
21/1/16	"	1.30	4.15	Guildhall	✓ CAC Soc. Ser. + Prevent.	14	45					6	75	
22/1/16	"	8.45	12	Civic	✓ CAMHS Scouting	16	45					6	30	
30/1/16	"	2.15	4.45	Oldway Hall	✓ Scouting meet: SSD, Delyth	12	45					7	20	
/ /												5	40	
/ /														
/ /														
TOTAL									44	55			44	55
Less payment received or Claimed from any other body or authority														
Amount Claimed									44	55			44	55

- 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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Date:	31.3.2016	Signature of Councillor:	
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For Office Use

Checked by: X

Payroll No: _____

Month Paid: _____

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

4/4/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

28 APR 2018

FILE COPY

Councillor:	Uta Clay	Vehicle Registration Number:		Month Ending:	April 2016
Address:				Post Code:	

Date of Meeting	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travelling Allowances				Subsistence		Totals	
		Place e.g. Home	Start			End	Place e.g. Civic Centre	Travel by Vehicle		Fares, Tolls, Parking, etc	Total Travelling Allowance Claimed		Outside the Authority's Area Only
	Miles			Rate				£	p				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		
4/4/16	Home	1.00	4.30	Guildhall	TASS scrutiny	✓ 14	45			6	30	6	30
6/1/	"	9.40	12.30	Chase Rd.	Trustees Panel	✓ 6				2	70	2	70
7/1/	"	4pm	7pm	Guildhall	Extrac. Council	✓ 14				6	30	6	30
11/1/	"	3.15	7.30	"	Scrutiny Progr. Committee	✓ 14				6	30	6	30
13/1/	"	1.15	4.30	"	S.106 Training	✓ 14				6	30	6	30
18/1/	"	1.15	4.30	"	Workshop equalities + Hum. R.	✓ 14				6	30	6	30
25/1/	"	1.15	4.30	"	CAC Social Care	✓ 14				6	30	6	30
/ /													
/ /													
/ /													
TOTAL						40	50			40	50		
Less payment received or Claimed from any other body or authority													
Amount Claimed						40	50			40	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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For Office Use

Checked by: _____

Payroll No: _____

Month Paid: _____

Date:

26.4.2016

Signature of Councillor: _____

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

2/4/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

- 5 JUL 2016

FILE COPY

Councillor:		Uta Clay			Vehicle Registration Number:						Month Ending:		May and June 2016		
Address:												Post Code:			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (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)			
		Start	End			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					
9/5/16	Home	3.15	6 pm	Guildhall	Scouting Programme C.	14	45			6	30			6	30
12/ /	"	1.15	6	"	Comm. CAC, Scouting WK. Plan	14				6	30			6	30
18/ /	"	10.45	12.45	"	Hearing Equ. test - Hwy Evans	14				6	30			6	30
19/ /	"	3.15	7.15	"	Annual Council	14				6	30			6	30
7/6/16	"	12.15	5 pm	Gorseinon SAT 4	Adults' Comm Review	18				8	10			8	10
13/ /	"	3.15	7 pm	Guildhall	Scouting Progr. Committee	14				6	30			6	30
16/ /	"	4.15	7.30	"	Council	14				6	30			6	30
21/ /	"	4.15	6.45	"	Ad. Serv. Performance Scmt.	14				6	30			6	30
/ /															
/ /															
TOTAL														52	20
Less payment received or Claimed from any other body or authority															
Amount Claimed														52	20

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:	1. July 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

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

FILE COPY

rec'd - 5 SEP 2016

Councillor:		Uta Clay				Vehicle Reg.		[REDACTED]		Month Ending:		July + August 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 (12)	
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)			
						Miles (7)	Rate (8)						
✓ 5/7/16	Home	4.15	8pm	Guildhall	Adult Soc. S. Scouting P.	14	45						
✓ 14/1	"	1.15	4.15	Civic	CAC (Comm)	16	45						6.30
✓ 18/1	"	1.15	4.15	Guild	CAC Prev + Soc. Care	14	45						7.20
✓ 26/1	"	1.30	3.30	Civic	meet Dave How + Alex Williams	16	45						6.30
✓ 28/1	"	4.15	8pm	Guild	Council	14	45						7.20
✓ 2/8/1	"	3.15	6.45	"	Ad. Soc. Serv. Scouting	16	45						6.30
✓ 8/1	"	3.15	6.15	"	meet W. Ian Beynon etc (Parks)	16	45						6.30
✓ 24/1	"	3.15	6.45	"	Ad Soc. Serv. Scouting	16	45						6.30
/ /													
/ /													
TOTAL										52.20			52.20
Less payment received or Claimed from any other body or authority													
Amount Claimed										52.20			52.20

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:	2.9.2016	Signature of Councillor:	[REDACTED]
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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

5/9/16

31 OCT 2016

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		Uta Clay				Vehicle Reg.		[REDACTED]		Month Ending:		Sept 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 (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)			
		Start	End			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					
✓ 12/9/16	Home	3.15	7.30	Guilddh	✓ Scrubbing Progr. Comm	14	45			6	30			6	30
✓ 15/9/16	"	1.15	3.30	"	✓ Communities CAC	16				6	30			6	30
✓ 19/9/16	"	1.15	3.45	"	✓ Prev. Soc Care CAC	14				6	30			6	30
✓ 20/9/16	"	10.45	12.30	"	✓ Waste Disposal AGM	14				6	30			6	30
✓ 21/9/16	"	2.45	7.00	"	✓ Scrubbing panel Adult Soc Ctr	14				6	30			6	30
✓ 22/9/16	"	1.15	2.45	"	✓ LA Governor Panel	14				6	30			6	30
✓ 25/10/16	"	7.45	12.30	Civic Centre	✓ Scrubbing panel Ad SSD / P. Howe	16				7	20			7	20
✓ 27/10/16	"	1.15	2.15	Guilddh	✓ LA Governor Panel	14									
✓ 31/10/16	"	2.15		Guilddh	✓ Met. Police Thomas Hood C SSD	14				6	30			6	30
✓ 28/9/16	"	9.15	10.30	"	✓ Pulp. Serv. Improv. Panel	16				6	30			6	30
TOTAL										57	60			57	60
Less payment received or Claimed from any other body or authority															
Amount Claimed										57	60			57	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:

Payroll No: _____

Month Paid: _____

Date: 31.10.2016

Signature of Councillor:

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

1/11/16

29 NOV 2016

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		Uta Clay				Vehicle Reg.		[REDACTED]		Month Ending:		November 16	
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 Start End (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			
		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	(12) £ p						
✓ 1/11/16	Home	4.30	8.00	Guild Hall	Council	✓ 14	45			6	30			6	30
✓ 2/1/	"	10.15	2.30	"	Adult S. Scrutiny panel	✓ 14	45			6	30			6	30
✓ 8/1/	"	10	12	Hous. officers	Ad. Serv. ref. Scrutiny panel	✓ 5	45			2	25			2	25
✓ 8/1/	"	3.45	6.30	Guild Hall	Meeting w. Jun AFC, + Ian Beynon	✓ 14	45			6	30			6	30
✓ 14/1/	"	3.15	8.45	"	Scrutiny Committee	✓ 14	45			6	30			6	30
✓ 21/1/	"	1.15	4.15	"	CAC Pres. + Soc. Care	✓ 14	45			6	30			6	30
✓ 23/1/	"	2.45	6.45	"	Ad. Serv. ref. Scrutiny panel	✓ 14	45			6	30			6	30
✓ 24/1/	"	1.15	2.30	"	LA governors panel	✓ 14	45			6	30			6	30
TOTAL										46	35			46	35
Less payment received or Claimed from any other body or authority															
Amount Claimed										46	35			46	35

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:	29.11.2016	Signature of Councillor:	[REDACTED]
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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

29/11/16

FORM
- 3 JAN 2017

411/17

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)

- 3 MAR 2017

Councillor:		Uta Clay				Vehicle Reg.		[REDACTED]		Month Ending:		Feb. 2017	
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 (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 Outside the Authority's Area Only (11) £ p	Totals (12) £ p		
		Start	End			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p				
													Miles (7) p
✓ 8/2/17	Home	2pm	6.45	Civic Centre	Ad. Serv. Scrutiny Panel	16	45						7 20
✓ 9/2/17	"	1.15	3.15	"	Comm. CAC	16							7 20
✓ 13/2/17	"	3.30	7.00	Guild hall	SPC	14							6 30
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
TOTAL													20 70
Less payment received or Claimed from any other body or authority													
Amount Claimed													20 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.

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D) An e-mail from the Councillor will be accepted as a signature providing the name

For Office Use

Checked by:

Payroll No: _____

Month Paid: _____

Date: 3.3.2017

Signature of Councillor: [REDACTED]

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

3/3/17