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Date of	Start & End of Duty		e of eting	Location of Duty	De	escription of Approved D	outies			elling All	owan	ces		Subsiste			
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C) If using a specifically in	private vehiculori	cle whilst ness and	t on Coun d commuti	cil business, Councill ing use.	ors should e	nsure that they have a value of the Councillor is	_	e, MOT	and com	prehensi	ve veh	icle insur	ance	Payroll N	lo:		
Date:	4.6			Signature of C		o name of the obtainment	, maidaea.		20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	77				Month Pa			

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Councille	or:	Uta (Clay			nicle Registrat mber:	ion				E 00.00000000	nth ding:		Jui	1	201	4
Address											Po	st Co	de:				
Date of	Start & End of Duty		e of eting	Location of Duty	Desc	ription of Approved	Duties		ě	elling All		11		Subsist			
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre		dard Council Diary r he name of the offic		Trave Veh	icle	Fare Tolls Parkir etc	s, ng,	Tota Travel Allowa Claim	ling ance	Outside Author Area C	ity's	Tot	als
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Date:	30.6	.20	14	Signature of C	ouncillor:		<u> </u>					-		Month I	Paid:		

31 JUL 2014

Councille	or:	Uta	Clay		Vehicle Registration Number:					nth ding:		July	201	4
Address					,				Pos	st Cod	e:		2	
Date of	Start & End of Duty		e of eting	Location of Duty	Description of Approved Duties			elling All				Subsistence		
Meeting	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)	Trave Vehi Miles		Fares Tolls Parkin etc	i, ig,	Total Travelli Allowar Claime	ing nce	Outside the Authority's Area Only	Tota	als
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B) I declare subsistence e	that the sta	tements connecti	above ar	ne duties indicated ab	shown above I have not made, and will not make, a love.							Checked by:	A	Q/
specifically in	cluding busi	ness and	d commu	ting use. cepted as a signature	lors should ensure that they have a valid driving licen providing the name of the Councillor is included.	ce, MOT	and com	nprehensiv	ve veh	icle insura	ance	Payroll No:	. And the special section of the sec	
Date: 31.7.14	31.	7.2	014	Signature of C	Councillor:	æ						Month Paid:		

0 2 SEP 2014 Avgust 2014 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 Meeting **Place** Start End Place e.g. Civic Travel by Fares. Total Outside the **Totals** (If not a Standard Council Diary meeting please Centre e.g. Vehicle Tolls. Travelling Authority's provide the name of the officer present) Home Parking, Allowance Area Only Claimed Miles Rate etc (1) (2)(3)(4)(5) (6)(7) (8)(9) (10)(12)19/8/14 Lowel. 15 4.15 45 Area 16 Lamo 9.45 12,15 Bonjumen Comm. TOTAL 0 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 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: Signature of Councillor: Date: 29.8.14 Month Paid:

06 OCT 2014

Councill	or:	Uta	Clay		Vehicle Registration Number:						onth ding:		Se	epte	wh	es 14
Address	S:									_	st Co	de:		1 -		
Date of	Start & End of Duty	Меє	e of eting	Location of Duty	Description of Approved Duties			Trav	elling A	lowan	ces		Subsist	ence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Standard Council Diary meeting provide the name of the officer pres	please ent)	Trave Veh		Fare Toll Parki	s,	Tot Trave Allowa	lling	Outside Author Area C	ity's	To	tals
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	8			Less	s payment received or Claimed fro	m any	other b	ody c	r autho	ority [A - A - LUMB ,
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rates determine B) I declare subsistence e C) If using a specifically income.	ned by the lithat the state expenses in private vehicle	ndepende ements a connection cle whilst ness and	ent Remu above are on with th on Cour commut	uneration Panel for Wa correct. Except as de duties indicated about till business, Councillaing use.	shown above I have not made, and will not	make, and licence	e amount ıy claim ı	s claime under ar	ed are in ny enactr	accord	ance with r travellin	h the ng or	Checke	d by:	ice Use	
Date:						uea.		***************************************					Payroll I	No:		
	6.1	Signature of Councillor:												Paid:		
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05 NOV 2014

Councillo	or:	Uta (Clay		Vehicle Numbe	e Registration er:					Mo End	nth ding:		00	+ (2011	+	
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rates determ B) I declare	nined by the that the st	Independatements	dent Rem above a	uneration Panel for V re correct. Except as he duties indicated al	Vales. s shown above I hav bove	ve not made, and will n	ot make, a	any claim	under a	any enact	ment f	or travell	ling or	Checke	ed by:	9	A1 C	4
C) If using a	a private vel	nicle while	st on Cou	ncil business, Counc	illors should ensure	that they have a valid d	riving licen	ice, MOT	and cor	mprehens	ive vel	nicle insu	ırance					
specifically in	ncluding built if the C	siness ar Councillor	ia commi will be a	ning use. ccepted as a signatur	e providing the name	e of the Councillor is inc	cluded.		-					Payroll	No:			
Date:	T	. 20		Signature of 0					,					Month I	Paid:	NO.		

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 24 NOV 2014 (PLEASE COMPLETE THIS FORM IN BLACK INK) Month Vehicle Registration Uta Clay Councillor^a Nov Ending: Number: Post Code: Address: Time of Location of Duty Start & Subsistence **Travelling Allowances Description of Approved Duties** End of Meeting Duty Date of **Totals** Total Outside the Travel by Fares. Place e.g. Civic End Meeting Place Start (If not a Standard Council Diary meeting please Authority's Travelling Vehicle Tolls. Centre e.g. provide the name of the officer present) **Allowance** Area Only Parking. Home etc Claimed Rate Miles (12)(10)(6) (7)(8)(5) (2)(3) (4) (1) £ £ 45 16 8.30 Cluic 4/11/14 home oldway C. h 6 n 16 6 Civic 21/10/14 9.15 Treining TOTAL Less payment received or Claimed from any other body or authority **Amount Claimed** For Office Use 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 Checked by: subsistence expenses in connection with the duties indicated above.

25.11.2014

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

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

Signature of Councillor:

specifically including business and commuting use.

Date:

Payroll No:

Month Paid:

0 6 JAN 2015

Councillo	or:	Uta (Clay			icle Registration nber:					Mo End	nth ding:		Dec	. 2	014		
Address											Pos	st Coo	de:					
Date of	Start & End of Duty	Tim Mee	e of ting	Location of Duty	Descr	ription of Approved Dutie	5			elling All				Subsiste		T - 4		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre		dard Council Diary meeting the name of the officer pre		Trave Vehi	cle	Fares Tolls Parkir etc	,	Tota Travel Allowa Claim	ling ance	Outside Authori Area O	ty's	Tot	ais	
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rates determ	ined by the	Independ	dent Rem	uneration Panel for W	/ales.												ATT	7
B) I declare	that the sta	atements	above ar	e correct. Except as ne duties indicated ab	shown above I	have not made, and will n	ot make, a	ny claim	under a	iny enacti	nent to	or travell	ing or	Checke	ea by:		U.	丰
C) If using a	private veh	icle while	st on Cou	ncil business, Council	llors should ensu	ure that they have a valid d	riving licen	ce, MOT	and con	nprehensi	ve veh	icle insu	rance					
specifically in	ncluding bus	siness an	d commu	ting use.		name of the Councillor is inc								Payroll	No:	in points		Contraction
Date:	5,1	. 20	15	Signature of C										Month I	Paid:			

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

Councillo	or:	Uta (Clay			icle Registra	ation				Mo En	nth ding:		Ja	v ,	20	15	
Address:											Pos	st Coo	de:					
Date of	Start & End of Duty	Tim Mee	e of ting	Location of Duty	Descr	ription of Approve	ed Duties			elling All				Subsiste				
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre		dard Council Diar ne name of the of	y meeting please ficer present)	Trave Veh	icle	Fare Tolls Parkir etc	s, ng,	Tota Travel Allowa Claim	ling ance	Outside Authori Area O	ty's	Tot	als	
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Member of the rates determined in the control of th	nis Authority ined by the that the sta	and that Independ Itements	t I have a lent Rem above al	ed expenditure on tractually and necessar uneration Panel for We correct. Except as the duties indicated ab	ily incurred the a /ales. s shown above I	actual mileage in o	olumn 7 above. Th	ne amour	nts claim	ed are in	accord	dance wi	th the	F Checke		fice Use	, N.	_
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03 MAR 2015

Councill	or:	Uta	Clay			hicle Reg	istration					-	nth		266	Va. 6	2 5 2 6	1015
Address	s:				INUI	iliber.	1					+	ding: st Co	de:	1 90	140		
Date of	Start & End of Duty		ne of eting	Location of Duty	Desc	cription of Ap	proved Duties		Т	ravelli	ing All	owan	ces		Subsis	tence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stan	ndard Counci the name of t	l Diary meeting pleas he officer present)		ivel by ehicle	-	Fares Tolls Parkir	5,	Tot Trave Allow	lling	Outsid Author Area (rity's	То	tals
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C) If using a	private vehi	icle whils	t on Cour	ncil business. Council	ove. Iors should ens	ure that they I	nave a valid driving lice	ence. MO	T and	compre	ehensiv	ve veh	icla incu	rance			VE	
Specifically II	iciduling bus	mess am	a commu	ting use. cepted as a signature							0.1011011	ve ven	icic irisa	rance				
Date:		^	De de	Signature of C		larile of the C	ouncillor is included.						-10-1		Payroll	No:	-	
Date.	3.3,	20	15	J Signature of O											Month	Paid:		The second secon

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Councille	or:	Uta	Clay			nicle Regi	stration					-	nth ding:		Ma	rcl	201	5
Address	i.						•						st Cod	de:				
Date of	Start & End of Duty	Mee	e of eting	Location of Duty	Desc	ription of App	roved Duties			Trav	elling Al	lowan	ces		Subsist	ence		
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre	(If not a Stan provide t	dard Council he name of th	Diary meeting please officer present)		Trave Vehi	cle	Fare Toll: Parki	s,	Tota Travel Allowa	ling	Outside Author Area O	ity's	Tot	tals
(1)	(2)	(3)	(4)	(5)		(6)		N	Miles (7)	Rate (8) p	etc (9) £	р	Claim (10 £		(11) £) p	£ (1	2) •
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rates determi B) I declare subsistence	ined by the I that the state expenses in	ndepend tements connecti	lent Remi above artion with the	ed expenditure on tra ctually and necessari uneration Panel for W e correct. Except as ne duties indicated ab	ales. shown above I	have not mad	in column 7 above. e, and will not make	The a	amount claim	ts claime under a	ed are in ny enacti	accord ment fo	dance wit or travelli	h the	Checke		fice Use	7
Specifically II	iciduli id pusi	ness and	a Commu	ncil business, Councill ting use. cepted as a signature				ence,	MOT a	and com	prehensi	ve veh	icle insur	ance	Payroll	No:		
Date:	W	erC	Qe,	Signature of C	ouncillor:										Month F			
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Councillo	or:	Uta (Clay		Vehi Num	cle Registr ber:	ation					nth ding:		April Ma-)	2019	5
Address	:										-	st Co	de:				
Date of	Start & End of Duty	Mee	e of eting	Location of Duty	Descri	ption of Approv	ved Duties			elling Al	lowan	ces		Subsist		11.	
Meeting	Place e.g. Home	Start	End	Place e.g. Civic Centre		ard Council Dia e name of the o	ry meeting please fficer present)	Trave Vehi	icle	Fare Tolls Parkin	s, ng,	Tot Trave Allow	lling ance	Outside Author Area C	ity's	Tot	tals
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				Les	s payment re	ceived or Cl	aimed from any									34	820
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A) I declare	that I have	necessa	rily incurr	ed expenditure on tra	avelling and subs	sistence for the	purpose of enabling	me to pe	erform a	pproved	duties	as an E	lected		For Of	fice Us	e
Member of the	nis Authority	and tha	t I have a	ctually and necessari	ily incurred the ac	ctual mileage in	column 7 above. Th	e amour	its claim	ed are in	accord	dance w	th the				
B) I declare	that the sta	inaepend itements	above ar	uneration Panel for Ware correct. Except as	≀aies. shown above I I	have not made	and will not make a	ny claim	under a	nv enact	ment f	or travel	ing or	Checke	ad by:	a	Th
subsistence	expenses in	connect	ion with th	ne duties indicated ab	ove.									CHECK	eu by.	(97	16
c) If using a specifically in	i private veh ocluding bus	icle whils	st on Cour	ncil business, Council	llors should ensu	re that they have	a valid driving licen	ce, MOT	and con	nprehens	ive veh	nicle insu	irance				
D) An e-mai	I from the C	ouncillor	will be ac	cepted as a signature	e providing the na	me of the Coun	cillor is included.							Payroll	No:		
Date:	10	. 20	016	Signature of C	Councillor:									1			
	1.6	. 1	115											Month	Paid:	-	