

# COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:		Uta Clay				Vehicle Reg.				Month Ending:		- 5 APR 2017 March 2017	
Address:						Engine Size				Post Code:			
						Fuel Type (e.g. Petrol/Diesel)							

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)			
		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							
✓ 8/3/17	Home	12.45	4.45	Guildhall	Adm. Serv. Scrutin Panel	14	45			6	30			6	30
✓ 13/3/17	"	2.00	4.45	Quic Centre	PSB Scrutin panel (SSW)	16				7	20			7	20
✓ 17/3/17	"	12.15	2.45	"	met D. Howe / Alex Williams (Heads of Service)	16				7	20			7	20
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<b>TOTAL</b>										20	70			20	70
Less payment received or Claimed from any other body or authority															
Amount Claimed										20	70			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.

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:	2.4.2017	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

5/4/17