

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
 09 JUN 2015 (PLEASE COMPLETE THIS FORM IN BLACK INK)


01 JUN 2015

Councillor:	ANN COOK	Vehicle Reg.		Month Ending:	APRIL 2015
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		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 (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		Totals (12) £ p		
								£	p	£	p	£	p	
2/4/15	HOME				SCRUTINING	10	45			4	805			
9/4/15	"				AUDIT	10	"			4	805			
10/4/15	"				LICENSING CEE	10	"			4	805			
13/4/15	"				SERVICES + SCRUTINING	10	"			4	805			
14/4/15	"				PLANNING	10	"			4	805			
23/4/15	"				LA GOVERNOR PANEL	10	"			4	805			
28/4/15	"				COUNCIL	10	"			4	805			
29/4/15	"				LICENSING CEE	10	"			4	805			
1/1														
1/1						80								
TOTAL													32	40
Less payment received or Claimed from any other body or authority														
Amount Claimed													32	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.
 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: 000171

Month Paid: 3/16 SVE

Date: 1/6/15

Signature of Councillor: 

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

pd 5/6/15

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

Councillor:

Address:

ANN COOK.

Vehicle Reg.

Engine Size

Fuel Type
(e.g. Petrol/Diesel)

Month Ending:

MAY 2015

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 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		Totals (12) £ P	
12/5/15	HOME														
14/5/15	v			Guildhall	Site visits - planning	29	45			4	05			4	05
15/5/15	^			"	Licensing Ctee	29				4	05			4	05
19/5/15	"			"	Council	29				4	05			4	05
/ /				"	Council	29				4	05			4	05
/ /															
/ /															
/ /															
/ /															
/ /															
						36									

Less payment received or Claimed from any other body or authority
Amount Claimed

TOTAL

£16	20			16	20
£16	20			16	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.
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Date: 30-5-15
 Signature of Councillor: [Redacted]

For Office Use
 Checked by: [Signature]
 Payroll No: _____
 Month Paid: _____

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

pd 5/6/16

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

09 JUL 2015

Councillor:	AND COOK.	Vehicle Reg.	Month Ending:	June 2015
Address:		Engine Size	Post Code:	
		Fuel Type (e.g. Petrol/Diesel)		

Date of Meeting (1)	Start & End of Duty		Time of Meeting		Location of Duty	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	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)			£
✓ 11/6/15	Home			✓	Guildhall	planning etc	9	45			4	05			4	05	
✓ 16/6/15	"			✓	"	LDP	9	4			4	05			4	05	
✓ 18/6/15	"			✓	"	LDP	9	4			4	05			4	05	
✓ 19/6/15	"			✓	"	Licensing	9	"			4	05			4	05	
✓ 21/6/15	"			✓	"	CAC Services	9	"			4	05			4	05	
✓ 23/6/15	"			✓	"	Site Visits - Planning	9	"			4	05			4	05	
✓ 25/6/15	"			✓	"	Council	9	"			4	05			4	05	
29/6/15	"			✓	"	LDP Site Visits	9	"			4	05			4	05	
30/6/15	"			✓	"	planning	9	"			4	05			4	05	
1/1																	
											TOTAL	36	45			36	45

Less payment received or Claimed from any other body or authority
Amount Claimed

£	p	£	p	£	p
		36	45	36	45

- 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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- 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: _____	<i>[Signature]</i>
Payroll No: _____	
Month Paid: _____	

Date:		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)

31 JUL 2015

Councillor:	ANN COOK.	Vehicle Reg.		Month Ending:	July 2015
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty		Time of Meeting		Location of Duty	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances				Subsistence		Totals		
	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)	£	p	£	p			£
✓ 6/7/15				✓ Civic Centre	PLANNING LDP	10	45			4	50				
✓ 7/7/15				✓ Gdham	TRAINING (Hmolextas)	9	"			4	50				
✓ 9/7/15				✓ Gdham	SCRUTINY PROGRAMME CTF	9	"			4	50				
✓ 10/7/15				✓ Civic Centre	LICENSING	10	"			4	50				
✓ 13/7/15				✓ Civic Centre	SCRUTINY PROGRAMME CTF	10	"			4	50				
✓ 14/7/15				✓ Civic Centre	SITE VISITS + PLANNING	10	"			4	50				
✓ 27/7/15				✓ Civic Centre	CAC SERVICES	10	"			4	50				
1/1															
1/1															
1/1															
TOTAL										30	60				
Less payment received or Claimed from any other body or authority															
Amount Claimed										30	60			30	60

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For Office Use

Checked by: _____ *[Signature]*

Payroll No: _____

Month Paid: _____

Date:	31-7/15	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)

28 AUG 2015

Councillor:		ANN COOK.				Vehicle Reg.	[REDACTED]		Month Ending:	AUGUST 2015					
Address:		[REDACTED]				Engine Size	[REDACTED]		Post Code:	[REDACTED]					
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location of Duty	Description of Approved Duties <small>(If not a Standard Council Diary meeting please provide the name of the officer present)</small>	Travelling Allowances			Subsistence		Totals				
	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)	£	p	£	p	£	p		
✓ 10/8/15				Guildhall	SCRUTINY PROGRAMME	9	45			4	05				
✓ 13/8/15				"	CAC COMMUNITIES	9				4	05				
✓ 14/8/15				CIVIC	LICENSING	10				4	50				
✓ 24/8/15				Guildhall	CAC SERVICES	9				4	05				
✓ 27/8/15				"	COUNCIL	9				4	05				
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										20	70			20	70
Less payment received or Claimed from any other body or authority															
Amount Claimed										20	70			20	70

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For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: 28-8-15

Signature of Councillor: [REDACTED]

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

Councillor:	ANN COOK			Vehicle Reg.	[REDACTED]		Month Ending:	2015 SEPT/October	
Address:	[REDACTED]			Engine Size	[REDACTED]		Post Code:	[REDACTED]	
				Fuel Type (e.g. Petrol/Diesel)	[REDACTED]				

(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			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ P	Total Travelling Allowance Claimed (10) £ P		Outside the Authority's Area Only (11) £ P		Totals (12) £ P		
						Miles (7)	Rate (8) P		£	P	£	P	£	P	
✓ 8/19/15	Home			✓ qdman	planning	9	45			✓ 4	05			4	05
✓ 24/19/15	"			✓ CIVIC	Council	10				✓ 4	50			4	50
✓ 28/19/15	"			✓ Guildhall	CAC SERVICES	9				✓ 4	05			4	05
✓ 6/10/15	"			✓ CIVIC	DEMOCRATIC SERVICES	10				✓ 4	50			4	50
✓ 9/10/15	"			✓ qdman	LICENSING	9				✓ 4	05			4	05
✓ 12/10/15	"			✓ qdman	DEMOCRATIC SCRUTINY	9				✓ 4	05			4	05
✓ 13/10/15	"			✓ qdman	PLANNING	9				✓ 4	05			4	05
✓ 20/10/15	"			✓ CIVIC	COUNCIL	10				✓ 4	50			4	50
✓ 26/10/15	"			✓ GUILDHALL	CAC SOCIAL CARE	9				✓ 4	05			4	05
1	1														
TOTAL										37	80			37	80
Less payment received or Claimed from any other body or authority															
Amount Claimed										37	80			37	80

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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	30/10/15	Signature of Councillor:	[REDACTED]
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Please, Submit claims within 3 months of duty with fuel VAT receipt

pay Nov 2015 ✓

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

FILE COPY

-3 DEC 2015
PART
NOVEMBER 2015

Councillor:	ANN COOK	Vehicle Reg.		Month Ending:	
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	Start & End of Duty Place e.g. Home	Time of Meeting		Location of Duty Place e.g. Civic Centre	Description of Approved Duties (If not a Standard Council Diary meeting please provide the name of the officer present)	Travelling Allowances				Subsistence		Totals			
			Start	End			Travel by Vehicle	Fares, Tolls, Parking, etc		Total Travelling Allowance Claimed		Outside the Authority's Area Only		Totals		
								Miles (7)	Rate (8) p	£	p	£	p	£	p	£
✓	6/11/15	HOME			✓ CIVIC CENTRE	LICENSING	9	45			4	05				
✓	9/11/15	"			✓ CIVIC HALL	SCRUTINY	9	"			4	05				
✓	10/11/15	"			✓ "	PLANNING	9	"			4	05				
✓	18/11/15	"			✓ "	SCRUTINY	9	"			4	05				
✓	23/11/15	"			✓ "	CAC	9	"			4	05				
✓	26/11/15	"			✓ "	COUNCIL	9	"			4	05				
	/ /	"														
	/ /															
	/ /															
	/ /															
TOTAL											24	30			24	30
Less payment received or Claimed from any other body or authority																
Amount Claimed											24	30			24	30

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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	30/11/15	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

p5 DEC 2015 ✓

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

FILE COPY

Councillor:	ANN COOK-			Vehicle Reg.	[REDACTED]		Month Ending:	DEC 2015	
Address:	[REDACTED]			Engine Size	[REDACTED]		Post Code:	[REDACTED]	
				Fuel Type (e.g. Petrol/Diesel)	[REDACTED]				

(1)	(2)	Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals					
		Start	End			Place e.g. Civic Centre	Description of Approved Duties (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 (7)	Rate (8)	£	p			£	p	£	p
8/12/15	"			Guilddhall	✓ SITE VISITS - PLANNING	9	45	4	05	4	05			4	05		
10/12/15	"			"	✓ CAC - COMMUNITIES	9	"	4	05	4	05			4	05		
11/12/15	"			"	✓ LICENSING	9	"	4	05	4	05			4	05		
14/12/15	"			"	✓ SCRUTINY PANEL	9	"	4	05	4	05			4	05		
17/12/15	"			"	✓ COUNCIL	9	"	4	05	4	05			4	05		
/ /																	
/ /																	
/ /																	
/ /																	
/ /																	

Less payment received or Claimed from any other body or authority
Amount Claimed

TOTAL	20	25			20	25
Amount Claimed	20	25			20	25

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For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: _____

Signature of Councillor: _____

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

pay Feb 2016 ✓

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

25 FEB 2016

FILE COPY

Councillor:	ANN COOK	Vehicle Reg.	[REDACTED]	Month Ending:	JAN 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			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p	Outside the Authority's Area Only (11) £ p		Totals (12) £ p			
						Miles (7)	Rate (8) p			£	p	£	p	£	p
✓ 18/1/16	Home			✓ Suddhall	licensing	9	45			4	05			4	05
✓ 11/1/16	"			✓ "	sculpture	9				4	05			4	05
✓ 12/1/16	"			✓ "	site visits & planning	9				4	05			4	05
✓ 14/1/16	"			✓ "	CAC Communities	9				4	05			4	05
✓ 25/1/16	"			✓ "	Council	9				4	05			4	05
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										20	05			20	05
Less payment received or Claimed from any other body or authority															
Amount Claimed										20	05			20	05

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For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: 31-1-16

Signature of Councillor: [REDACTED]

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

pay memo 2016 ✓


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

25 FEB 2016
 FILE COPY

Councillor:	Ann Cook	Vehicle Reg.	[REDACTED]	Month Ending:	February 2016
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)			

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) p		£	p	£			p	£
04/02/16	Home			Civic	Scrutiny	10	45			4	50			4	50
09/02/16	Home			Civic	Planning	10	45			4	50			4	50
11/02/16	Home			Guildhall	CAC Communities	9	45			4	05			4	05
12/02/16	Home			Guildhall	Licensing	9	45			4	05			4	05
25/02/16	Home			Guildhall	Council	9	45			4	05			4	05
/ /															
/ /															
/ /															
TOTAL										21	15			21	15
Less payment received or Claimed from any other body or authority															
Amount Claimed										21	15			21	15

- 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:	11/3/16.	Signature of Councillor:	[REDACTED]
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Please, Submit claims within 3 months of duty with fuel VAT receipt

pay March 2016 ✓

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

FILE COPY

Councillor:	ANN COOK			Vehicle Reg.	[REDACTED]		Month Ending:	MARCH 2016.	
Address:	[REDACTED]			Engine Size	[REDACTED]		Post Code:	[REDACTED]	
				Fuel Type (e.g. Petrol/Diesel)					

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	
		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)	£	p	£	p	£	p
✓ 1/3/16				Guildhall ✓	LICENSING	9	45			4	05		
✓ 8/3/16				" ✓	PLANNING	9	4			4	05		
✓ 10/3/16				Guildhall ✓	CAL COMMUNITIES	9	4			4	05		
✓ 11/3/16				Guildhall ✓	LICENSING	9	4			4	05		
✓ 16/3/16				Guildhall ✓	SCRUBBY PROGRAMME	9	4			4	05		
✓ 24/3/16				CIVIC ✓	LA GOVERNORS	10	4			4	50		
✓ 31/3/16				Guildhall ✓	CCMS TRAINING	10	4			4	05		
/ /													
/ /													
/ /													

TOTAL	28	80			28	80
Less payment received or Claimed from any other body or authority						
Amount Claimed	28	80			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:	<u>[Signature]</u>
Payroll No:	_____
Month Paid:	_____

Date:	31-3-16	Signature of Councillor:	[REDACTED]
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Please, Submit claims within 3 months of duty with fuel VAT receipt

pd may 2015? 4/4/16


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

FILE COPY

Councillor:	ANN COOK	Vehicle Reg.		Month Ending:	April 2016.
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		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 (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc £ p (9)	Total Travelling Allowance Claimed £ p (10)		Outside the Authority's Area Only £ p (11)		£ p (12)		
						Miles (7)	Rate p (8)		£	p	£	p	£	p	
7/4/16	Home			Guildhall	COUNCIL	9	45			4	05			4	05
8/4/16	"			"	Licensing Committee	9	"			4	05			4	05
11/4/16	"			"	Scouting Programme Board	9	"			4	05			4	05
12/4/16	"			"	Site visits - Planning etc.	9	"			4	05			4	05
13/4/16	"			"	Training Programme	9	"			4	05			4	05
14/4/16	"			"	CAC - Communities	9	"			4	05			4	05
18/4/16	"			"	Training	9	"			4	05			4	05
28/4/16	"			"	Ceremonial Council + Council	9	"			4	05			4	05
1/1															
1/1															
TOTAL														32	40
Less payment received or Claimed from any other body or authority															
Amount Claimed														32	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.
- 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:	30-4-16	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

27/5/16.

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

FILE COPY

Councillor:	ANN COOK	Vehicle Reg.		Month Ending:	MAY 2016
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		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 (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc (9) £ p	Total Travelling Allowance Claimed (10) £ p		Outside the Authority's Area Only (11) £ p		Totals (12) £ p		
						Miles (7)	Rate (8) p		£	p	£	p	£	p	
✓ 13/5/16	Home			Guildhall	Licensing	9	45			4	05			4	05
✓ 19/5/16	"			"	Council AGM	9				4	05			4	05
✓ 20/5/16	"			"	Council Ceremonial	9				4	05			4	05
✓ 27/5/16	"			"	Licensing	9				4	05			4	05
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										16	20			16	20
Less payment received or Claimed from any other body or authority															
Amount Claimed										16	20			16	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.

For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

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

27/5/16

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

Councillor:		ANN COOK			Vehicle Reg.				Month Ending:		August 2016	
Address:					Engine Size				Post Code:			
				Fuel Type (e.g. Petrol/Diesel)								

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals				
		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 (9)	Total Travelling Allowance Claimed (10)			Outside the Authority's Area Only (11)		
								Miles (7)	Rate (8)		£			p	£	p
✓ 21/8/16	Home			Guildhall	planning & social care.	9	45			4	05			4	05	
✓ 21/8/16	"			"	licensing	9	"			4	05			4	05	
✓ 24/8/16	"			"	A/S/S scrutiny panel.	9				4	05			4	05	
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/ /																
/ /																
TOTAL										12	15			12	15	
Less payment received or Claimed from any other body or authority																
Amount Claimed										12	15			12	15	

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:		Signature of Councillor:	
For Office Use			
			Checked by:
			Payroll No: _____
			Month Paid: _____

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

4/10/16

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	ANN COOK		Vehicle Reg.		Month Ending:	SEPTEMBER 16.
Address:			Engine Size		Post Code:	
			Fuel Type (e.g. Petrol/Diesel)			

(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			
		Start (3)	End (4)			Travel by Vehicle		Fares, Tolls, Parking, etc £ p (9)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)		
						Miles (7)	Rate p (8)		£	p	£	p	£	p	
✓ 6/9/16	Home			Guildhall	Site visits - planning	9	45			4	05			4	05
✓ 9/9/16	"			"	licensing CCF	9				4	05			4	05
✓ 16/9/16	"			"	COMMUNITIES C.A.C.	9				4	05			4	05
22/9/16	"			"	LA Governance - Council	9				4	05			4	05
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															

	TOTAL	16	20					16	20
Less payment received or Claimed from any other body or authority									
Amount Claimed		16	20					16	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.

For Office Use
Checked by: _____
Payroll No: _____
Month Paid: _____

Date:	30-9-16.	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

4/10/16

Councillor:	ANN COOK.	Vehicle Reg.		Month Ending:	October 2016
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Name 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 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		Totals (12) £ p	
4/10/16		1.15	4.00	Guildhall	Planning Meeting	9	45			4	05			4	05
14/10/16		9.45	12.00	"	Licensing	9				4	05			4	05
20/10/16		9.00	11.00	"	CAC Communities	9				4	05			4	05
1/1		5.00	7.00	"	Ceremonial Council	-	-			-	-			-	-
27/10/16		2.00	3.00	"	LA PARK	9				4	05			4	05
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										16	20			16	20
Less payment received or Claimed from any other body or authority															
Amount Claimed										16	20			16	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.
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For Office Use	
Checked by:	
Payroll No:	_____
Month Paid:	_____

Date:	30/10/16	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

15/12/16

Councillor:	ANN COOK		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 (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			
		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		Totals (12) £ p			
						£	p	£	p	£	p	£	p		
✓ 8/11/16	HOME	8-30	7-30		planning / site visits / council	9	45	4	05	4	05			4	05
✓ 10/11/16	HOME	1-00	4-30		CAC Committee	9		4	05	4	05			4	05
✓ 11/11/16	"	9-00	12-30		NCEASUNG.	9		4	05	4	05			4	05
✓ 24/11/16	"	1-00	8-45		LA PANEL + Council	9		4	05	4	05			4	05
1/1															
1/1															
1/1															
1/1															
1/1															
1/1															
TOTAL										16	20			16	20
Less payment received or Claimed from any other body or authority															
Amount Claimed										16	20			16	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.

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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:	30/11/16	Signature of Councillor:	[REDACTED]	For Office Use
				Checked by: 
				Payroll No: _____
				Month Paid: _____

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

15/12/16

Councillor:		ANN COOK			Vehicle Reg.	[REDACTED]	Month Ending:	Dec 2016
Address:		[REDACTED]			Engine Size	[REDACTED]	Post Code:	[REDACTED]
					Fuel Type	[REDACTED]		
					(e.g. Petrol/Diesel)	[REDACTED]		

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals				
		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 (9)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
								Miles (7)	Rate (8)		£	p	£	p	£	p
✓ 6/12/16	Home	9-00	7-00	Guildhall	Side visits * PLANNING	9	45			4	05			4	05	
✓ 9/12/16	Home	9-00	12-00	u	General Liaison	9				4	05			4	05	
✓ 15/12/16	u	1-00	7-00	u	LA * General PANEL	9				4	05			4	05	
/ /																
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TOTAL	12	15			12	15
Less payment received or Claimed from any other body or authority						
Amount Claimed	12	15			12	15

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 of the Councillor is included.

For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date: _____ Signature of Councillor: _____ [REDACTED]

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

15/12/16