


COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	<i>Jane Harris</i>	Vehicle Registration Number & Engine Size	Month Ending:	<i>May 2014</i>
Address:				Post Code:

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		Start (3)	End (4)			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
<i>7</i>	<i>15/14</i>	<i>17.00</i>	<i>19.00</i>	<i>Civic Centre</i>	<i>Equidrex Training</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>9</i>	<i>15/14</i>	<i>10.00</i>	<i>11.00</i>	<i>Civic Centre</i>	<i>Meet. with Veng Catchup</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>9</i>	<i>15/14</i>	<i>14.00</i>	<i>16.00</i>	<i>Councilwell</i>	<i>Communal Meeting</i>	<i>18</i>	<i>45</i>			<i>8</i>	<i>10</i>			<i>8</i>	<i>10</i>
<i>12</i>	<i>15/14</i>	<i>16.00</i>	<i>18.00</i>	<i>Civic Centre</i>	<i>Banking Conference</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>13</i>	<i>15/14</i>	<i>16.00</i>	<i>18.00</i>	<i>Wharfedale</i>	<i>Insure Investment</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>14</i>	<i>15/14</i>	<i>10.00</i>	<i>12.00</i>	<i>DMMP/DO/STAF</i>	<i>SMAS Performance Training</i>	<i>17</i>	<i>45</i>			<i>7</i>	<i>65</i>			<i>7</i>	<i>65</i>
<i>14</i>	<i>15/14</i>	<i>13.30</i>	<i>15.30</i>	<i>Impulse</i>	<i>Spec Inspection - Finance Panel</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>15</i>	<i>15/14</i>	<i>16.00</i>	<i>18.00</i>	<i>Civic Centre</i>	<i>Banking Conference</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
<i>20</i>	<i>15/14</i>	<i>15.30</i>	<i>17.30</i>	<i>Civic Centre</i>	<i>Insure Investment</i>	<i>19</i>	<i>45</i>			<i>8</i>	<i>55</i>			<i>8</i>	<i>55</i>
TOTAL										<i>58</i>	<i>50</i>			<i>58</i>	<i>50</i>
Less payment received or Claimed from any other body or authority															
Amount Claimed										<i>58</i>	<i>50</i>			<i>58</i>	<i>50</i>

- 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:	<i>30/6/14</i>	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

** no evidence available as time is necessary*

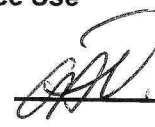
COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM
(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	<i>Jane Harris</i>	Vehicle Registration Number:		Month Ending:	<i>May 2014</i>
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Address:		Post Code:
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Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Meeting Start (3) End (4)		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)					£	p	£	p			
21/05/14	HOME	13.00	14.00	Civic Centre		19	45	8	55			8	55	
22/05/14	HOME	13.00	14.00	Civic Centre	David McVernon - Supt	29.9	45	8	55			8	55	
22/05/14	HOME	14.00	16.00	Civic Centre	Dep. Chedoke - Councillor	29.9	45	8	55			8	55	
27/05/14	HOME	14.00	16.00	Civic Centre	Area 1	7	4.9	34	55			8	55	
27/05/14	CG/MATE	16.00	18.00	Civic Centre	Special Meeting	3	2.5	7	25			4	25	
28/05/14	HOME	14.00	16.00	Civic Centre	L.P. Action Group	19	45	8	55			8	55	
29/05/14	HOME	16.00	18.00	Civic Centre	Streetwise	19	45	8	55			8	55	
1/1														
1/1														
1/1														
TOTAL									25	65			25	65
Less payment received or Claimed from any other body or authority														
Amount Claimed									25	65			25	65

- 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:	<i>30/6/14</i>	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)

Councillor:	<i>Jane Harris</i>	Vehicle Registration Number:		Month Ending:	<i>June 2014</i>
Address:				Post Code:	

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		(3)	(4)			(7)	(8)	(9)		(10)		(11)		(12)	
3/6/14	HOME	17.00	19.00	Civic Centre	Trust Improvement	19	45			8	55			8	55
5/6/14	HOME	15.30	17.00	Civic Centre	Schools Refuse	17	45								
5/6/14	CC/MTC	17.00	19.00	Civic Centre	Meet Steve	19	45			8	55			8	55
6/6/14	HOME	16.00	18.00	Civic Centre	Equality Training	19	45			8	55			8	55
9/6/14	HOME	9.30	11.30	Civic Centre	Corporate Parenting + Scouting Proj Office	19	45			8	55			8	55
10/6/14	HOME	14.30	16.30	Civic Centre	Planning Series / duty	19	45			8	55			8	55
11/6/14	HOME	13.30	15.30	Civic Centre	Scene Improvement	19	45			8	55			8	55
16/6/14	HOME	13.30	15.30	Civic Centre	Wellbeing the Park Church	19	45			8	55			8	55
17/6/14	HOME	13.30	15.30	Civic Centre	Annual Review at Home + Council	19	45			8	55			8	55
18/6/14	HOME	14.00	16.00	Civic Centre	Review of WZ4	19	45			8	55			8	55
TOTAL										76	95			76	95
Less payment received or Claimed from any other body or authority															
Amount Claimed										76	95			76	95

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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date:	<i>30/6/14</i>	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)

30 JUN 2014

Councillor:	<i>Jane Mann</i>	Vehicle Registration Number:		Month Ending:	JUNE 2014
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Address:		Post Code:
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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) p				£	p	£	p	£	p			
19/6/14	HOME	17.00	19.00	Car Centre	Day Management (amb) Com	19	45			8	55			8	55
23/6/14	HOME	19.00	21.00	Keenelton	A O N S	3.4	45			15	30			15	30
24/6/14	HOME	16.00	16.00	Home Car	Area T	19	45			8	55			8	55
26/6/14	HOME	9.30	12.00	Cardiff	Training Secretary Training	103	45			46	35			46	35
/ /					924 000 (meow)										
/ /					Holland House Hotel										
/ /															
/ /															
/ /															
/ /															

	TOTAL	48	75			78	75
Less payment received or Claimed from any other body or authority							
Amount Claimed		48	75			78	75

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

Date:	<i>30/06/14</i>	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)

Councillor:	<i>Jane Harris</i>	Vehicle Reg.		Month Ending:	<i>July 2014</i>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	Start & End of Duty		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	
		Place e.g. Home (2)	Start (3)	End (4)	Travel by Vehicle (7)			Rate (8)	Fares, Tolls, Parking, etc (9)	Total Travelling Allowance Claimed (10)	Outside the Authority's Area Only (11)		Totals (12)		
											£	p	£	p	£
02/07/14	HOME	13.30	17.00	CIVIC CENTRE	INDIVIDUAL INVESTMENT	19	45					8	55		
03/07/14	HOME	15.30	17.30	CIVIC CENTRE	SCHOOL PERFORMANCE SPECIAL DELEGATION	19	45					8	55		
04/07/14	HOME	16.00	18.30	CIVIC CENTRE	TRAINING	19	45					8	55		
07/07/14	HOME	16.00	18.00	CIVIC CENTRE	SCRUTINY PROGRAMME	19	45					8	55		
08/07/14	HOME	12.30	15.30	CIVIC CENTRE	SOCIAL CARE / CHASBY TRAVELLER	19	45					8	55		
14/07/14	HOME	17.00	18.00	CIVIC CENTRE	5 STREETS COUNCIL	19	45					8	55		
15/07/14	HOME	10.30	18.30	CIVIC CENTRE	CPF UPDATE (D. CHECKLAND) COUNCIL SOCIAL CARE	19	45					8	55		
16/07/14	HOME	12.30	14.30	CIVIC CENTRE	SENIORE IMPROVEMENT	19	45					8	55		
22/07/14	HOME	14.00	16.00	CIVIC CENTRE	SANDS TOWN SUBSISTENCE MISUSE SUB GROUP/ALAN L.	19	45					8	55		
23/07/14	HOME	15.30	18.30	CIVIC CENTRE	DATA PROTECTION TRAINING	19	45					8	55		
TOTAL													68	40	
Less payment received or Claimed from any other body or authority															
Amount Claimed													68	40	

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For Office Use	
Checked by:	<i>[Signature]</i>
Payroll No:	_____
Month Paid:	_____

Date:	<i>03/09/14</i>	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 03 SEP 2014
 (PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	<i>Jane Harris</i>	Vehicle Reg.		Month Ending:	<i>Aug. 2014.</i>
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) (8) p	Rate (8) p			£	p	£	p	£	p	
01/08/14	HOME	10.00	12.00	CIVIC CENTRE	CORPORATE PARKING/SECURITY PROG											
02/08/14	CIVIC CENTRE	19.00	20.30	REMOUSON	ADVIS. & MILE.	38	45						17	10		
03/08/14	HOME	10.00	13.00	MURTON	CORPORATE PARKING CH.											
03/08/14	MURTON	13.30	14.30	CIVIC CENTRE	SOCIAL CALL. (+ then home)	27	45						12	15		
06/08/14	HOME	16.00	17.00	CIVIC CENTRE	PUBLIC ENGAGEMENT	19	45						8	55		
12/08/14	HOME	17.00	19.00	CIVIC CENTRE	COUNCIL	19	45						8	55		
14/08/14	HOME	15.00	16.00	CIVIC CENTRE	MANAGING 1 RD	19	45						8	55		
19/08/14	HOME	14.00	16.00	CIVIC CENTRE	AREA 1	19	45						8	55		
20/08/14	HOME	13.30	15.30	CIVIC CENTRE	SEWAGE IMPROVEMENT	19	45						8	55		
05/08/14	CIVIC CENTRE				HOME	9.3	45						4	28		
TOTAL															72	00
Less payment received or Claimed from any other body or authority																
Amount Claimed															72	00

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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: *[Signature]*

Payroll No: _____

Month Paid: _____

Date: *03/09/14.*

Signature of Councillor: _____


COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	Jane Harris	Vehicle Reg.		Month Ending:	July 2014
Address:	109 Bdgwed Road, Pentodulais	Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(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) £ p	
		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			
						Miles (7)	Rate (8) p						
30/07/14	HOME	17.00	19.00	CIVIC CENTRE	XXXXXXXXXXXX / CTT COUNCIL	19	45					8	55
31/07/14	HOME	14.00	15.00	CIVIC CENTRE	XXXXXXXXXXXX / CRIMINALS COMMISSIONER	19	45					8	55
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
TOTAL												17	10
Less payment received or Claimed from any other body or authority													
Amount Claimed												17	10

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

Date:	03/09/14	Signature of Councillor:	
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Please, Submit claims within 3 months of duty with fuel VAT receipt

#NO evidence available

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	<i>Jano Harris</i>	Vehicle Reg.		Month Ending:	<i>September 2014</i>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travelling Allowances				Subsistence		Totals			
		Start (3)	End (4)			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 (9)	Total Travelling Allowance Claimed (10)			Outside the Authority's Area Only (11)	
								Miles (7)	Rate (8)					£	p
<i>1/09/14</i>	<i>15.00/19.00</i>	<i>16.00</i>	<i>18.00</i>	<i>Civic Centre</i>	<i>Scrutiny Programme</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>2/09/14</i>	<i>9.00/13.00</i>	<i>10.00</i>	<i>12.00</i>	<i>Civic Centre</i>	<i>Social Care at Home</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>3/09/14</i>	<i>8.30/12.00</i>	<i>9.30</i>	<i>10.30</i>	<i>Civic Centre</i>	<i>Meer Carl Scapan</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>24/09/14</i>	<i>13.00/17.00</i>	<i>14.00</i>	<i>16.00</i>	<i>Sands</i>	<i>Meeting Local Sister Mounse</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>25/09/14</i>	<i>08.00/19.00</i>	<i>9.00</i>	<i>19.00</i>	<i>The Land</i>	<i>Away Day</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>29/09/14</i>	<i>08.00/18.00</i>	<i>9.00</i>	<i>18.00</i>	<i>The Civic Centre</i>	<i>Corporate Briefing / Scrutiny Programme</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>30/09/14</i>	<i>10/14.00</i>	<i>11.00</i>	<i>12.00</i>	<i>Civic Centre</i>	<i>Peer View Interviews</i>	<i>19</i>	<i>45</i>					<i>8</i>	<i>55</i>		
<i>1/1</i>															
<i>1/1</i>															
<i>1/1</i>															
TOTAL													<i>59.85</i>		

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 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: *[Signature]*

Payroll No: _____

Month Paid: _____

Date: *27/11/14*

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)

Councillor:	Jane Evans	Vehicle Reg.		Month Ending:	October 2014.
Address:		Engine Size		Post Code:	
		Fuel Type			
		(e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty (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
2/10/14	9.00-18.00	10.00	17.00	Civic Centre	Swansea Super Sws, L.D. Swain / High 5	19	45					8	55	
3/10/14	9.00-18.00	9.00	12.00	Civic Centre	Swansea Super / Chris Swain	19	45					8	55	
3/10/14	13.00-17.00	14.00	16.00	Bayton	Subsea Marine Area Planning Board	44	45					19	80	
7/10/14	13.00-17.00	14.00	16.00	Civic Centre	Local Area Co-ordinate Group	19	45					8	55	
8/10/14	10.30-17.00	11.00	17.00	Home / Bay Talbot	Land Seaweed / Waste Day Leoda	44	45					19	80	
10/10/14	15.00-18.00	16.00	18.00	Civic Centre	Training Executives	19	45					8	55	
15/10/14	13.00/16.00	14.00	16.00	Civic Centre	From Trebunay	19	45					8	55	
16/10/14	9-12.00	9.30	11.00	Civic Centre	Lee, Weston / Leoda	19	45					8	55	
18/10/14	13.00/16.00	13.00	15.00	Civic Centre	Subsea Marine Area Planning Board	19	45					8	55	
20/10/14	8.00/15.00	9.00	16.00	Civic Centre	Virtual Day Centre	19	45					8	55	
TOTAL													125	
Less payment received or Claimed from any other body or authority													96	
Amount Claimed													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:	<i>WED</i>
Payroll No:	_____
Month Paid:	_____

Date:	27/11/14	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)

Councillor:		<i>Jane Mann</i>				Vehicle Reg.				Month Ending:		<i>October 2014</i>		
Address:						Engine Size				Post Code:				
						Fuel Type (e.g. Petrol/Diesel)								
Date of Meeting (1)	Start & End of Duty (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) £ p	
	Place e.g. Home	Start	End	Place e.g. Civic Centre			Travel by Vehicle (7) (8) Miles Rate p		Fares, Tolls, Parking, etc (9) £ p		Total Travelling Allowance Claimed (10) £ p			
<i>21/10/14</i>	<i>8:00-19:00</i>	<i>9:00</i>	<i>18:00</i>	<i>Civic Centre</i>	<i>KS8 Engagement Group / Arts + Old People's Club</i>	<i>19</i>	<i>45</i>						<i>8</i>	<i>55</i>
<i>23/10/14</i>	<i>18:00-23:00</i>	<i>17:00</i>	<i>22:00</i>	<i>Per Talbot</i>	<i>Health Board Awards</i>	<i>45</i>	<i>45</i>						<i>20</i>	<i>25</i>
<i>24/10/14</i>	<i>7:30-18:00</i>	<i>8:30</i>	<i>16:00</i>	<i>Civic Centre</i>	<i>Meet Debra Duffell - Away Day</i>	<i>19</i>	<i>45</i>						<i>8</i>	<i>55</i>
<i>28/10/14</i>	<i>9:00-11:00</i>	<i>10:00</i>	<i>17:00</i>	<i>Civic Centre</i>	<i>Fiona Simon Blair / BRESG / Cymru S.</i>	<i>19</i>	<i>45</i>						<i>8</i>	<i>55</i>
<i>29/10/14</i>	<i>12:00-15:00</i>	<i>13:00</i>	<i>15:00</i>	<i>Civic Centre</i>	<i>RDP Meeting</i>	<i>19</i>	<i>45</i>						<i>8</i>	<i>55</i>
<i>30/10/14</i>	<i>13:00-15:00</i>	<i>14:00</i>	<i>15:00</i>	<i>Civic Centre</i>	<i>Meet Clive Lloyd</i>	<i>19</i>	<i>45</i>						<i>8</i>	<i>55</i>
<i>1/1</i>														
<i>1/1</i>														
<i>1/1</i>														
<i>1/1</i>														
TOTAL														<i>64.00</i>
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 rates determined by the Independent Remuneration Panel for Wales.

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Date: *27/11/14*

Signature of Councillor: _____

For Office Use

Checked by: *[Signature]*

Payroll No: _____

Month Paid: _____

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