

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

10 JUN 2014

Councillor:	B. G. OWEN	Vehicle Registration Number & Engine Size		Month Ending:	MAY 2014
Address:				Post Code:	


(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			
		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		(12) £ p			
						Miles (7)	Rate (8) p								
8/5/14	4.15/8.45	5.00	8.15	CIVIC CENTRE	ANNUAL COUNCIL	8	45			3	60			3	60
9/5/14	1.30/4.30	2.00	4.00	GUILDHALL	CERIMONIAL COUNCIL	8	45			3	60			3	60
27/5/14	9.15/4.30	10.30	4.00	CIVIC CENTRE	AREA 1 SITE VISITS+MEETING	8	45			3	60			3	60
30/5/14	8.15/12.30	9.00	12 noon	— " —	LICENSING	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										14	40			14	40
Less payment received or Claimed from any other body or authority															
Amount Claimed										14	40			14	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:	10.6.14	Signature of Councillor:	
-------	---------	--------------------------	--

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

03 JUL 2014

COUNCILLORS TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

(PLEASE COMPLETE THIS FORM IN BLACK INK)

Councillor:	BYRON G. OWEN	Vehicle Reg.		Month Ending:	JUNE 2014
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) £ 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		£	p	£			p	£
17/6/14	HOME	5.00	6.30	CIVIC CENTRE	COUNCIL	8	45			3	60			3	60
19/6/14	---	5.00	6.00	---	DEV. MANAGEMENT CONTROL	8	45			3	60			3	60
20/6/14	---	9.45	11.00	---	LICENSING	8	45			3	60			3	60
24/6/14	---	11.30	3.45	---	AREA 1 SITE VISITS + MEETING	8	45			3	60			3	60
27/6/14	---	10.00	12.00	---	GENERAL LICENSING	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL										18	00			18	00
Less payment received or Claimed from any other body or authority															
Amount Claimed										18	00			18	00

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:	3.7.14	Signature of Councillor:	
-------	--------	--------------------------	--

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)


06 AUG 2014

Councillor:	BYRON G. OWEN	Vehicle Reg.		Month Ending:	JULY 2014
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 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							
3/7/14	Home	5.00	5.40	CIVIC CENTRE	SPECIAL DEV. MAN. CONTROL	8	45			3	60			3	60
15/7/14	---	5.00	7.00	---	COUNCIL	8	45			3	60			3	60
22/7/14	---	10.45	3.00	---	AREA 1 DEV. CONTROL SITE VISITS AND MEETING	8	45			3	60			3	60
25/7/14	---	10.00	11.30	---	GEN. LICENSING.	8	45			3	60			3	60
30/7/14	---	5.00	6.30	---	EXTRAORDINARY COUNCIL	8	45			3	60			3	60
31/7/14	---	10.00	10.45	---	SPECIAL GEN. LICENSING	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															

TOTAL										21	60			21	60
Less payment received or Claimed from any other body or authority															
Amount Claimed										21	60			21	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:	31.7.14	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)

06 AUG 2014

Councillor:	BYRON G. OWEN	<u>Vehicle Reg.</u>		Month Ending:	JULY 2014
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (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	£
3/7/14	Home	5.00	5.40	CIVIC CENTRE	SPECIAL DEV. MAN. CONTROL	8	45			3	60			3	60
15/7/14	---	5.00	7.00	---	COUNCIL	8	45			3	60			3	60
22/7/14	---	10.45	3.00	---	AREA 1 DEV. CONTROL SITE VISITS AND MEETING	8	45			3	60			3	60
25/7/14	---	10.00	11.30	---	GEN. LICENSING.	8	45			3	60			3	60
30/7/14	---	5.00	6.30	---	EXTRAORDINARY COUNCIL	8	45			3	60			3	60
31/7/14	---	10.00	10.45	---	SPECIAL GEN. LICENSING	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															

TOTAL										21	60			21	60
Less payment received or Claimed from any other body or authority															
Amount Claimed										21	60			21	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:	31.7.14	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)

03 SEP 2014

Councillor:	BYRON G. OWEN	<u>Vehicle Reg.</u>		Month Ending:	AUGUST 2014
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			


(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
5/8/14	HOME	9.30	11.45	CIVIC CENTRE	COUNCIL TRAINING - PUBLIC ENGAGEMENT	8	45			3	60			3	60
12/8/14	---	5.00	7.00	---	COUNCIL	8	45			3	60			3	60
14/8/14	---	5.00	6.30	---	DEVELOPMENT MANAG. CONTROL	8	45			3	60			3	60
19/8/14	---	11.00	2.30	---	AREA 1 SITE VISITS AND DEV. CONTROL MTC.	8	45			3	60			3	60
22/8/14	---	9.45	11.30	---	STATUTORY + GENERAL LICENSING COMMITTEE	8	45			3	60			3	60
/ /															
/ /															
/ /															
/ /															
/ /															
TOTAL														18	00
Less payment received or Claimed from any other body or authority															
Amount Claimed														18	00

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:	3.9.14	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)

26 NOV 2014

Councillor:	BYRON G. OWEN	Vehicle Reg.		Month Ending:	{ SEPT. 2014 } { OCT. 2014 } { NOV. 2014 }
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	(2)	Start & End of Duty		(5)	Location of Duty	(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 (9)	Total Travelling Allowance Claimed (10)		Outside the Authority's Area Only (11)		Totals (12)	
										Miles (7)	Rate (8) p		£	p	£	p	£	p
9/9/14	HOME	5.00	5.30	CIVIC CENTRE	COUNCIL MEETING	8	45					3	60			3	60	
11/9/14	---	6.00	7.00	---	MEMBER BRIEFING TACKLING POVERTY STRATEGY	8	45					3	60			3	60	
16/9/14	---	11.00	3.00	---	AREA 1 SITE VISITS + MEETING	8	45					3	60			3	60	
30/9/14	---	5.00	7.00	---	COUNCIL	8	45					3	60			3	60	
9/10/14	---	5.00	6.00	---	DEVELOPMENT MANG. + CONTROL	8	45					3	60			3	60	
17/10/14	---	10.00	12.00	---	GENERAL LICENSING	8	45					3	60			3	60	
11/11/14	---	11.00	3.00	---	AREA 1 SITE VISITS AND MEETING	8	45					3	60			3	60	
14/11/14	---	10.00	11.30	---	GENERAL LICENSING	8	45					3	60			3	60	
/ /																		
/ /																		
TOTAL											28	80			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:	26.11.14	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)

05 MAR 2015

Councillor:	BYRON G. OWEN	Vehicle Reg.		Month Ending:	DEC. 2014 JAN. 2015 FEB. 2015
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 (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	
10/12/14	Home	11.00	12.30	CIVIC CENTRE	BUSINESS + ADMIN. CAB. ADVISORY	8	45			3	60			3	60
12/12/14	"	9.30	12.00	"	GEN. LICENSING	8	45			3	60			3	60
17/12/14	"	10.00	12.00	"	SPECIAL GEN. LICENSING	8	45			3	60			3	60
9/1/15	"	10.00	12.00	"	GEN. LICENSING	8	45			3	60			3	60
14/1/15	"	11.00	12.00	"	BUSINESS + ADMIN. CABINET ADVISORY	8	45			3	60			3	60
4/2/15	"	5.00	6.00	"	ECONOMY + INVESTMENT CAB ADVISORY	8	45			3	60			3	60
6/2/15	"	9.50	12.00	"	STATUTORY LICENSING + GENERAL LICENSING	8	45			3	60			3	60
11/2/15	"	11.00	11.45	"	BUSINESS + ADMIN. CAB. ADVISORY	8	45			3	60			3	60
24/2/15	"	5.00	6.00	"	EXTRAORDINARY COUNCIL	8	45			3	60			3	60
1/1															
TOTAL										32	40			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:	25.2.15	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)

06 MAY 2015

Councillor:		BYRON G. OWEN				Vehicle Reg.		[REDACTED]		Month Ending:		MARCH 2015			
Address:		[REDACTED]				Engine Size				Post Code:		APRIL 2015			
				Fuel Type (e.g. Petrol/Diesel)								[REDACTED]			
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3) End (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 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	
3/3/15	HOME	5.00	7.00	GUILDHALL	COUNCIL	8	45			3	60			3	60
4/3/15	---	5.00	6.15	CIVIC CENTRE	ECONOMIC + INVEST. CAB. ADVISORY	8	45			3	60			3	60
6/3/15	---	9.55	12.00	---	STATUTORY LICENSING	8	45			3	60			3	60
11/3/15	---	11.00	12.00	---	BUSINESS + ADMIN. CABINET ADVISORY	8	45			3	60			3	60
1/4/15	---	5.00	6.00	GUILDHALL	ECON. + INV. CAB. ADVISORY	8	45			3	60			3	60
8/4/15	---	11.00	12.30	---	BUS. + ADMIN. CAB. ADVISORY	8	45			3	60			3	60
22/4/15	---	10.00	12.30	CIVIC CENTRE	ECON + INV. CAB. ADV. SITE VISITS	8	45			3	60			3	60
28/4/15	---	5.00	6.30	GUILDHALL	COUNCIL	8	45			3	60			3	60
29/4/15	---	5.00	5.45	---	ECON + INV. CAB. ADVISORY	8	45			3	60			3	60
1/1															
TOTAL										32	40			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.

Date:	29.4.15	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