WYRE FOREST DISTRICT COUNCIL

Payroll No. [illegible] **Travelling and Subsistence Claim for month ending** OCT - NOV 20 12 Reg. No. ...

NAME S WILLIAMS Division ..... C.C. Rating 1·8T If car changed since previous claim state date .....

(BLOCK LETTERS)

Date	Details of Journeys				Miles	Purpose and Passengers Carried	Subsistence and other expenses				
	Description		Mileometer				Time Absent		State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	Amount	
	From	To	From	To			From	To		£	p
4/10	CHADDESLEY	–	FOREST	HOUSE	14	OVERVIEW AND SCRUTINY ✓					
8/10	〃		〃	〃	14	LDF REVIEW PANEL ✓					
9/10	〃		〃	〃	14	PLANNING COMMITTEE ✓					
7/11	〃		〃	〃	14	MEMBERS FORUM ✓					
8/11	〃		〃	〃	14	OVERVIEW AND SCRUTINY ✓					
13/11	〃		〃	〃	14	PLANNING COMMITTEE ✓					
21/11	〃		〃	〃	14	FULL COUNCIL ✓					
26/11	〃		〃	〃	14	AREA OF HIGHEST NEED REVIEW ✓					
28/11	〃		〃	〃	14	LDF REVIEW PANEL ✓			£ £ PAID DEC 12		
			Miles		126 ✓				**Total Subsistence, etc.**		

I certify that :
a) the above details are a correct record of official journeys, and that expenditure has actually been incurred on subsistence claimed and this has not been previously reimbursed.
b) During the period of this claim, the vehicle was insured, official use was specified in the insurance certificate * and I hold a current driving licence, I have neither done nor omitted to do anything to reduce or invalidate the said insurance.

* Annual check of business-use car insurance: checked by.....Date.....

Totals for each Expenditure Code

Item	Code	£	p
Mileage	33010	50	40
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL		50	40

Mileage Rates

		£	p
126	miles at 40p	50	40
	miles at p		
	miles at p		
	PAYABLE	50	40

Signed..... (Claimant)

Authorised..... (Authorised Signatory)

Date authorised 5.12.12

RECEIPTS MUST BE ATTACHED AS EVIDENCE THAT EXPENSE HAS ACTUALLY BEEN INCURRED.

Please note claims must be received by the Human Resources Division on or before the 6th of the month in which payment is required.