

MENY BARRIS

WYRE FOREST DISTRICT COUNCIL

Payroll No. G. YARRANTON Reg. No. 20
 Travelling and Subsistence Claim for month ending 20 Make & Model of car 2
 Division W. ROBBENHALL C.C. Rating 1
 If car changed since previous claim state date

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Time Absent		Subsistence and other expenses		
	From	To	From	To			From	To	State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	Amount	£
18/4/12	Bewellby	Kiddley			8	Planning Committee ✓					
23/4/12	Bewellby	S.O.S			10	Full Council ✓					
28/4/12	Bewellby	Kiddley			8	Planning Committee ✓					
3/5/12	Bewellby	Kiddley			8	Overview + Security Committee ✓					
7/5/12	Bewellby	Blackbach			14	Planning Site Visit ✓					
14/5/12	Bewellby	Kiddley			8	Planning Committee ✓					
21/5/12	Bewellby	S.O.S			8	Security Committee ✓					
28/5/12	Bewellby	S-O-S			10	Full Council ✓					
4/6/12	Bewellby	S-O-S			10	Licensing Committee ✓					
11/6/12	Bewellby	Kiddley			8	Training at Duke House ✓					
18/6/12	Bewellby	Kiddley			8	Overview + Security Committee ✓					
25/6/12	Bewellby	Kiddley			8	Planning Committee ✓					
2/7/12	Bewellby	S.O.S			10	Licensing Committee ✓					
9/7/12	Bewellby	S-O-S			10	Licensing Committee ✓					

PAID

August 20 12

RESOURCES DIVISION

Miles ~~130~~ 128

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 held 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	51	20
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL		51	20

Mileage Rates

	£	p
128 miles at 40p	51	20
miles at		
miles at		
PAYABLE	51	20

Signed _____ Date authorised _____
 (Claimant) (Authorised Signatory)

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.