

4

Reg. No.

WYRE FOREST DISTRICT COUNCIL

Travelling and Subsistence Claim for month ending March 2012, Make & Model of car:

If car changed since previous claim state date:

C.C. Rating: 1600

Payroll No. Division

NAME: John Campion
(BLOCK LETTERS)

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Time Absent		Subsistence and other expenses		Amount	
	From	To	From	To			From	To	£	p	£	p
5/3/12	SOS	Redditch			41	Visit Redditch Business units.						
6/3/12	Kiminstock	Worce			38	Shenstone Group						
6/3/12	11	Kiminstock			4	CAB/conv						
12/3/12	11	Worce			4	Worce Port Board						
13/3/12	11	Kiminstock			4	Camp Leaders/comp Brief						
17/3/12	4	SOS			10	Corp Brief						
19/3/12	11	SOS			10	Assessment Centre					158	00
19/3/12	11	Worce			64	Finance Bill Briefing @ CGA					7	00
19/3/12	11	Worce									8	00
19/3/12	11	Kiminstock			4	Management Forum						
20/3/12	11	Worce			6	Site visit						
21/3/12	11	Bensley			5	LEP Event						
22/3/12	11	Kiminstock			4	Appointment Panel						
23/3/12	11	Redditch			39	Northen Alliance Miller						
23/3/12	11	Kiminstock			4	Tom Miller Tracey Southern						
28/3/12	4	SOS			10	Tom Miller						
					Miles						174	20

PAID
April 12

AMOUNT PAID TO YOU BY COUNCIL
2 APR 2012
RECORDED BY: [Signature]

Total Subsistence, etc. 174 20

Item	Code	Totals for each Expenditure Code		Mileage Rates	
		£	p	£	p
Mileage	33010	110	80	277	miles at 40p 110 80
Train / Bus / Taxi	33010	174	20		miles at p
Subsistence	47010				miles at p
TOTAL		285	00		PAYABLE 285 00

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: _____

Date authorised: _____

Authorised: _____
(Authorised Signatory)

Signed: _____
(Claimant)

RECEIPTS MUST BE ATTACHED AS EVIDENCE THAT EXPENSE HAS ACTUALLY BEEN INCURRED.
Claims made claims must be received by the Human Resources Division on or before the 6th of the month in which payment is required.