

MEMBERS

WYRE FOREST DISTRICT COUNCIL

Travelling and Subistence Claim for month ending Feb

Reg. No. ....  
Make & Model of car. ....  
Payroll No. ....  
NAME J. CAMPION  
(BLOCK LETTERS)

Division ..... C.C. Rating .....

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	£	p
12/1/12	SO5	Kinninsty			13	Meeting Caroline Reelands						
13/1/12	"	"			2	Corporate Briefing						
17/1/12	"	"			2	Meeting Selma Baggett						
18/1/12	Wore	Redditch			23	County Wide Leade Ball Meeting						
16/1/12	Wore	Redditch			46	NIC Reven Grant Meeting						
17/1/12	Kinninsty	"			4	Catf CMU						
19/1/11	"	"			4	Member Forum						
20/1/12	"	"			4	Mike Pate						
23/1/12	"	"			4	Senior Consultation Group						
26/1/12	"	SO5			10	Special Council						
30/1/12	"	SO5			10	Special Scrutiny						
31/1/12	"	Redditch			19	Wore Partnership AOHV visit.						
31/1/12	"	SO5			10	Catmoct						
1/2/12	"	New HQ			16	Site Visit / Jan Mile						
3/2/12	"	SO5			10	Jan Mile						
					174							

I certify that:

- 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.
- 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	69	60
Train / Bus / Taxi	35010		
Subsistence	47010		
<b>TOTAL</b>		<b>69</b>	<b>60</b>

Mileage Rates

174	miles at 40 p	69	60
	miles at p		
	miles at p		
	<b>PAYABLE</b>	<b>69</b>	<b>60</b>

Signed..... (Claimant)

Authorised..... (Authorised Signatory)

Date authorised.....

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 6<sup>th</sup> of the month in which payment is required.