WYRE FOREST DISTRICT COUNCIL

Payroll No. ____ Reg. No. ____

Travelling and Subsistence Claim for month ending February 20 12

NAME Martin Hart (BLOCK LETTERS) Division Cllr C.C. Rating 2 litre Make & Model of car ____

If car changed since previous claim state date ____

Date	Details of Journeys: Description From	Description To	Mileometer From	Mileometer To	Miles	Purpose and Passengers Carried	Subsistence and other expenses: Time Absent From	Time Absent To	State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	Amount £	Amount p
07-02-12	Home	Duke Hse	Duke Hse	Home	4	✓Cab / CMT					
08-02-12	Home	Civic	Civic	Home	10	✓Scrutiny					
09-02-12	County Hall	Worcester	Worcester	City Hall	10	✓Worcestershire Leaders Board					
09-02-12	Home	Duke Hse	Duke Hse	Home	4	✓ Scrutiny			Car Park.	8	4i
14-02-12	Home	Norton	Norton	Home	40	✓ Member Water Forum					
10-02-12	Home	Bewdley	Bewdley	Home	8	✓Planning DC site visit - Cookhill Lane					
14-02-12	Home	Duke Hse	Duke Hse	Home	4	✓Group Leaders Mtg					
15-02-12	Home	Duke Hse	Duke Hse	Home	4	✓Leisure Briefing - Linda Collis					
21-02-12	Home	Duke Hse	Duke Hse	Home	4	✓Briefing with Mike P + David B					
22-02-12	Home	Duke Hse	Duke Hse	Home	4	✓Briefing with Mike Parker + Chairman (Cllr) + Cabinet					
22-02-12	Home	Richardson	Richardson	Home	10	✓Meeting with Mike Parker + Parish Council re: upgrade					
23-02-12	Home	Bromsgrove	Bromsgrove	Worcester	30	✓Worcs. Reg Services Board.					
29-02-12	Home	Civic	Civic	Home	10	✓Full Council.					
									PAID MAR 12		
					Miles	142 ✓			Total Subsistence, etc.	8	41

WYRE FOREST DISTRICT COUNCIL
5 - MAR 2012
RESOURCES DIRECTORATE

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	56	80
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL		6	

Mileage Rates

£	p			£	p
		142	miles at 40 p	56	80

Signed ____ (Claimant) Authorised ____ (Authorised Signatory) Date au

RECEIPTS MUST BE ATTACHED AS EVIDENCE THAT EXPENSE HAS ACTUALLY E
Please note claims must be received by the Human Resources Division on or before the 6th of the m

NCP
6th Floor, Centre Tower, Whitgift Centre, Croydon. CR0 1 LP
Tel: 0845 050 7080 VAT No. 239 0546 59
THANK YOU, PLEASE CALL AGAIN

TERMS AND CONDITIONS - Entry to or use of this car park is at your own risk. Copies are exhibited and a copy is available for inspection on request.

9/0817 13:37 6613/055352900/018595 09/02/12 ENTRY 1 CATHEDRAL
V.A.T. 20% 1.40
£ 8.41 POF 3 AMEX
09/02/12 17:14
015508