

Payroll No. **WYRE FOREST DISTRICT COUNCIL**
 NAME W.A. ASHFIELD Travelling and Subsistence Claim for month ending Oct + Nov. Reg. No. MEMBER 51
 (BLOCK LETTERS) Division C.C. Rating 2011 Make & Model of car
 If car changed since previous claim state date

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Subsistence and other expenses	
	From	To	From	To			Time Absent	Station, Rail fare, Parking Fee, Breakfast, Lunch, etc.
5/10	5:00	1:00			✓10	Commuting to work		
6/10					✓5	See list below		
11/10					✓10	Attendance		
12/10					✓10	LDIP		
13/10					✓10	1st Shift		
27/10					✓10	Assess of Community		
31/10					✓10	Attendance		
Miles					75.			

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		Mileage Rates	
Item	Code	£	p
Mileage	3301	30	00
Train / Bus / Taxi	3501		
Subsistence	4701		
TOTAL		30	00

Signed Authorised Date authorised
 (Claimant) (Authorised Signatory)

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