

WYRE FOREST DISTRICT COUNCIL

Payroll No. 111
 NAME Paul Harrison
 (BLOCK LETTERS) (File - 842)

Division 1800
 C.C. Rating 1800

Travelling and Subsistence Claim for month ending 31.10.2011
 Reg. No. WYRE 2011
 Make & Model of car Ford C-Max

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 | Stater, Fuel, Parking Fee, Breakfast, Lunch, etc. | £ |
| 12.10.11 | | COXLEY | | | 18 | Planning Sr-Vist | | | | |
| 13.10.11 | | DUKE HGE | | | 14 | Planning Comm | | | | |
| 14.10.11 | | DUKE HGE | | | 14 | Planning Meeting | | | | |
| 17.10.11 | | DUKE HGE | | | 14 | Meeting Review Project | | | | |
| 17.10.11 | | DUKE HGE | | | 14 | Meeting - Assesst of Comm Value | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> WYRE FOREST DISTRICT COUNCIL 6 - DEC 2011 RESOURCES DIRECTORATE </div> | | | | | | | | | | |
| | | | | | Miles | 24 | | | | |

Totals for each Expenditure Code

| Item | Code | £ | p | Mileage Rates | £ | p |
|--------------------|-------|----------|-----------|---------------|----------------|-------------|
| Mileage | 33010 | 9 | 60 | 24 | miles at 40p | 9 60 |
| Train / Bus / Taxi | 35010 | | | | miles at p | |
| Subsistence | 47010 | | | | miles at p | |
| TOTAL | | 9 | 60 | | PAYABLE | 9 60 |

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: _____

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 6th of the month in which payment is required.