7

MEMBERS

WYRE FOREST DISTRICT COUNCIL

Payroll No. ____ Travelling and Subsistence Claim for month ending October 20 11 Reg. No. ____

NAME Marcus Hart Division Cler. C.C. Rating 2 Lite Make & Model of c. ____

(BLOCK LETTERS) 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
03-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Arranging Mike Parker					
04-10-11	Home	Civic	Civic	Home	✓10	Mtg with Ch Exec / Leader.					
05-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Cab / CMT.					
06-10-11	Home	Cockley	Cockley	Home	✓8	Planning DC site visit.					
06-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Scrutiny					
11-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Planning P.C.					
17-10-11	Home	Duke Hse	Duke Hse	Home	✓4	1/4 scrutiny brief					
18-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Mtg with Dave Alexander / R. Osborne					
18-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Cabinet.					
19-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Waste Review Panel.					
25-10-11	Home	Duke Hse	Duke Hse	Home	✓4	Cab / CMT - Mtg					
				Miles	54				Total Subsistence, etc.		

PAID

WYRE FOREST DISTRICT COUNCIL
6 - DEC 2011
RESOURCES DIRECTORATE

DEC 11

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		
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL			

Mileage Rates

		£	p
54	miles at 40 p	21	60
	miles at p		
	miles at p		
=	PAYABLE	21	60

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.