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WYRE FOREST DISTRICT COUNCIL

Payroll No. 1300 NAME SEAN HOLMES Division MARRAS Travelling and Subsistence Claim for month ending 31.12.2011 Reg. OCX Make & Model REG
 (BLOCK LETTERS) C.C. Rating 17ES 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.	£	p
20/11	SOS	KATHINEE KHANSEZ	805	805	✓10	COMMUNITY 2 REG PANEL	5:00	7:30		4	00
27/11	"	"	"	"	✓10	LEASURE REVIEW PANEL	3:30	6:00		4	05
13/12	"	"	"	"	✓10	CORPUS DAY KING CHARLES ROOM	10:30	13:00		4	00
17/12	"	"	"	"	✓10	LEASURE REVIEW PANEL	4:00	6:30		4	00
2/12/11	"	"	"	"	✓10	SECRETARY	5:30	7:30		4	00
7/12/11	"	"	"	"	✓10	SECRETARY	5:30	7:30		4	00
19/12/11	"	"	"	"	✓10	AUGUST BALEFINA	9:30	11:30		4	00
19/12	"	"	"	"	✓10	AUGUST BALEFINA	10:30	12:30		4	00
19/12	"	"	"	"	✓10	SECRETARY	5:30	7:30		4	00
29/12	"	"	"	"	✓10	AUGUST	5:30	7:30		4	00
6/01	"	"	"	"	✓10	SECRETARY	5:30	7:30		4	00
3/01	"	"	"	"	✓10	TV GROUP REPAIR	11:00	11:15		4	00
4/01	"	"	"	"	✓10	IT	12:00	12:15		4	00
12/01	"	"	"	"	✓10	ASSETS & COMMUNITY VALUE	5:00	7:00		4	00
27/01	"	"	"	"	✓10					4	00
					140			Total Subsistence, etc.		168	

Totals for each Expenditure Code		Mileage Rates	
Item	Code	£	p
Mileage	33010	56	00
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL		56	00

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 _____ Date authorised _____
 (Claimant) (Authorised Signatory)

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.