MEMBERS

WYRE FOREST DISTRICT COUNCIL

Reg. No. .....

Payroll No. ..... Travelling and Subsistence Claim for month ending 30.9.2011 Make & Model of car .....

NAME IAN HARDIMAN Division ..... C.C. Rating 1800 If car changed since previous claim state date .....

(BLOCK LETTERS) (COUNCILLOR H+B)

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
8.9.11	DUKE	HOUSE			4 ✓	OS SCRUTINY COMMITTEE					
9.9.11	PLANNING SITE VISIT, STOURPORT				10 ✓	SITE INSPECTION – PLANNING					
13.9.11	DUKE	HOUSE			4 ✓	PLANNING COMMITTEE					
19.9.11	CIVIC	S-O-S.			10 ✓	OVERVIEW & SCRUTINY COMM.					
28.9.11	CIVIC	S-O-S.			10 ✓	FULL COUNCIL					
				Miles	✓38				Total Subsistence, etc.		

£ PAID NOVEMBER 11

WYRE FOREST DISTRICT COUNCIL
7 - OCT 2011
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	15	20
Train / Bus / Taxi	35010		
Subsistence	47010		
TOTAL		15	20

Mileage Rates

		£	p
38	miles at 40 p	15	20
	miles at p		
	miles at p		
=	PAYABLE	15	20

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.