

Members

WYRE FOREST DISTRICT COUNCIL

Payroll No.         

Travelling and Subsistence Claim for month ending         

Reg. No.         

20          Make & Model of car         

NAME WYRE FOREST DISTRICT COUNCIL

Division WYRE FOREST DISTRICT C.C. Rating         

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.	£
9/11/11	Bury	Widley			8.7	Planning Training				
9/12/11	Bury	Widley			8.7	Planning D.C.				
9/13/11	Bury	Widley			8.7	<del>Planning D.C.</del>				
9/14/11	Bury	Widley			8.7	<del>Planning D.C.</del>				
9/15/11	Bury	Widley			8.7	Planning D.C.				
9/16/11	Bury	Widley			8.7	Planning D.C.				
9/17/11	Bury	Widley			8.7	Planning D.C.				
9/18/11	Bury	Widley			8.7	Planning D.C.				
9/19/11	Bury	Widley			8.7	Planning D.C.				
9/20/11	Bury	Widley			8.7	Planning D.C.				
9/21/11	Bury	Widley			8.7	Planning D.C.				
9/22/11	Bury	Widley			8.7	Planning D.C.				
9/23/11	Bury	Widley			8.7	Planning D.C.				
9/24/11	Bury	Widley			8.7	Planning D.C.				
9/25/11	Bury	Widley			8.7	Planning D.C.				
9/26/11	Bury	Widley			8.7	Planning D.C.				
9/27/11	Bury	Widley			8.7	Planning D.C.				
9/28/11	Bury	Widley			8.7	Planning D.C.				
9/29/11	Bury	Widley			8.7	Planning D.C.				
9/30/11	Bury	Widley			8.7	Planning D.C.				

Totals for each Expenditure Code

Total Subsistence, etc. 83

Mileage Rates

Item	Code	£	p
Mileage	33010	83	
Train / Bus / Taxi	35010		
Subsistence	47010		
<b>TOTAL</b>		<b>83</b>	<b>20</b>

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.