

Member

WYRE FOREST DISTRICT COUNCIL

Reg. No.

Travelling and Subsistence Claim for month ending 30.6.2011 Make & Model of car

C.C. Rating

If car changed since previous claim state date

Payroll No. PAUL HARRIMAN Division H&B

NAME PAUL HARRIMAN (BLOCK LETTERS) QUNANTON H&B

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Subsistence and other expenses	Time Absent	Amount	
	From	To	From	To					£	p
2.6.11	WYRE	WYRE	0	0	4	✓ SCREENING COMMITTEE				
14.6.11	"	"	"	"	4	✓ PLANNING COMMITTEE				
15.6.11	"	"	"	"	4	✓ LEADERSHIP TRAINING				
20.6.11	"	"	"	"	4	✓ AGENCIES TRAINING				
27.6.11	"	"	"	"	3	✓ CONVENTION BRIEFING				
30.6.11	"	"	"	"	4	✓ EMERGENCY ZONE BRIEFING				
PAID										
					WYRE FOREST DISTRICT COUNCIL					
					3 AUG 2011					
					RESOURCES DIRECTORATE					
					AUG-11					
					Total Subsistence, etc.					

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	9 20
Train / Bus / Taxi	35010	
Subsistence	47010	
TOTAL		9 20 =

Mileage Rates		
Miles	Rate	£ p
23	miles at 40 p	9 20
	miles at p	
	miles at p	
	PAYABLE	9 20

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.