

WYRE FOREST DISTRICT COUNCIL

Reg. No. _____

Travelling and Subsistence Claim for month ending June 2011 Make & Model of car _____

Division 1600 C.C. Rating _____

If car changed since previous claim state date _____

Payroll No. SJCle
 NAME (BLOCK LETTERS) _____

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Time Absent		Subsistence and other expenses		Amount	
	From	To	From	To			From	To	£	p	£	p
20/11	Home	Burdley			✓ 4	Burdley Museum Management						
28/16	Home	Kiddy			✓ 10	Ulfines meet Kiddy						
30/16	Home	Kiddy			✓ 10	Civic Service						
4/17	Home	SOS			✓ 10	SOS Docu Signing						
5/17	Home	Kiddy			✓ 12	Duck House - Transformation Beg						
6/17	Home	SOS			✓ 10	Docu Meet Signing						
11/17	Home	Kiddy			✓ 12	Pyramid Show - Grades						
14/17	Home	Kiddy			✓ 10	Fun Point - Schools Visit						
14/17	Home	Kiddy			✓ 12	CATTLE ROAD - Q&A Forum						
14/17	Home	Burdley			✓ 4	Burdley Business Forum						
15/17	Home	SOS			✓ 10	Doc Signing						
18/17	Home	Chaddesley			✓ 24	Memorial Service						
20/17	Home	SOS			✓ 10	Parish Chairman Meeting						
22/17	Home	SOS			✓ 10	Docu Meet Signing						
22/17	Home	WKS			✓ 44	Worcester Market Banquet						
23/17	Home	SOS			✓ 10	FULL COUNCIL						
29/17	Home	Kiddy			✓ 12	ST BASILS - Garden						
					Miles	214 c/f						

Total Subsistence, etc.

Totals for each Expenditure Code		Mileage Rates	
Item	Code	£	p
Mileage	3301		
Train / Bus / Taxi	3501		
Subsistence	4701		
TOTAL			

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Item	Code	£	p
Mileage	3301		
Train / Bus / Taxi	3501		
Subsistence	4701		
TOTAL			

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 _____

Please note claims must be received by the Human Resources Division on or before the 6th of the month in which payment is required.