					<	YYRE FORE	WYRE FOREST DISTRICT COUNCIL	DUNCIL			Reg. No	Reg. No		
Payroll No.	(ravelling an	d Subsiste	nce Claim f	Travelling and Subsistence Claim for month ending. Actual	Sotwar	١	20 / 2	- Make & Mo	20 / 2 Make & Mode? - 1 con	1	•
NAME /	harms	TAKE	Division	Ch.	C.C. Rating	C. Rating	272	If car chan	ged since p	revious c	aim state da	If car changed since previous claim state date		
(BLOCK LETTERS)	TTERS)					<		;						
7		Details of Journeys	Journeys	Mileometer	Miles		Purpose and Passengers Carried	ners Carried	Time	Time Absent	ubsistence ar	Subsistence and other expenses	Amount	²
į	From	n To	From	ъ					From	귱	Fee, Brea	Fee, Breakfast, Lunch, etc.	3	₽
04.09.12 House	Hom	abstration	For	Onthe Mic	~	Plannia	oc site visit							
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21.50.50	T.P.	25	45.34	Home	ŗ	ancish	with Lie	LideGar	1	C		590)		
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11-7-12	bus	one H	Orte H	Kore	t.	Ch.	4. 7							
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21-1-12	Home	Chić i	Çw.c	Hon	(0	tu	Curd.							
27.07.12	there	٢	とからい	Home	8	らがの	1							
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						1/	,ر		WYRE	E SONGE	A DISTRICT LUCINOIL	CINCIL		
						6			-					
									-	6.0	7397	-		
				Miles	211				{	200	Total St	Total Subsistence, etc.		
					5	1	Totals to	Totals for each Expenditure Code	Code			Mileage Rates		
a) the above	iat : iye details a	I certify that: a) the above details are a correct record of official journeys, and that	of official jou	ırneys, and thi	ət		ltem	Code	ю	ъ			150	0
expenditu has not b	re has actu	expenditure has actually been incurred on subsistence claimed and this has not been previously reimbursed. The product this claim the cashala was insured official use we have the control of the contro	on subsistenc	e claimed and	o mas specif	E .	Mileage	33010	£	ळ	18 8	miles at 40 p	,	7-2
in the ins	urance cert	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.	a current drivi	ing Ilcence, I h	ave neither do	one	Train / Bus / Taxi	35010	Ŧ	ð		miles at p		
							Subsistence	47010				miles at p		
Annual	Steeck of Di	Annual check of prisidess-desired instruction of several symmetric or presented by the several statement of the several symmetric or se	iralica, circo	EGG Bytastianing			TOTAL	AL.	51	30	11	PAYABLE	7	8
Signed (Claimant)		J			Authorised(Authorised Signatory)	gnatory) ((¥	Date aut	horised	<u>S-</u>	Date authorised		
(Cidition)	•			-		1 , /(

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.