Sacinative and only expenses		
City interest of the supplement	mevs	Details of Journeys
If car changed since previous claim state datedate	on UTP 1885 NHALL C.C. Rating	NAME 4 TARRANTON. (BLOCK LETTERS)
	Travelling and Subsistence Claim for month ending20	Payroll No.
Reg. No.	WYRE FOREST DISTRICT COUNCIL	
36 3.		

	* Annual c	in the insi	has not by b) During		11	3115/12	21/01/18	8/10/12	SHU12	14 m	2/19/10	1/5/12	1/2	6/9/17	4412	Ald D	34/12	7/1/2	A TO	748		Date			
	heck of busine	urance certifica ed to do anythir	has not been previously reimbursed. b) During the period of this claim, the	expenditure has actually	•			p	11	1,1	şi	13	1	i h	N	Ŋí)	"	11	11	11	Routles	From	Desc	
	* Annual check of business-use car insurance: checked by	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.	has not been previously reimbursed. b) During the period of this claim, the vehicle was insured, official use was specified	a) the above details are a correct record of official journeys, and that expenditure has actually been incurred on subsistence claimed and this			0	Bewellen	200	20.5	Kiddes	y	ンタン	Koddu	Warsty	þ	Kidda	Sheethin	5-05	n	ħ	Kiddel	ਰ	Description	Details of Journeys
` ` `	rance: checke	current drivin	hicle was insu	of official jour														3					From	Mileometer	ourneys
	d by	ig licence, I ha seid insuranc	red, official u	neys, and tha		Miles																	ъ	meter	
	Date	ave neither do e.	se was specif	this		163~		w	ã	0	Ø	0	Ö	ρŅ	وا	00	ò	12	ô	'n	ος τ	∞ 0		Miles	
		жe	Tied		1			Bernole	House	Lices	Mary	Z Z	De la	There	Land L	5	Jeans	Plina	Lossi	Poot	Mary	Ques.			
of /	Subsistence	Train / Bus / Taxi	Mileage	Item	Totals			& copression of	المرك رفيد	Con Ca	Dimer	in Comm	Quencis	in Com	Stewart	+ 1	Cenny	dis Sun	Sin Com	いよるド	ines Com	ieux Som		Purpose and Passengers Carried	
OTAL	47010	35010	33010	Code	Totals for each Expenditur		_	A Liberry	1	muttee /	Thirt Che	ittes /	7	Atra /	BY Cha	with Conin	1	Visit -	witte.	Comprise	Step. V	ile Count		engers Carried	
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II .			ī			Total Su		700		c	3.0	WAE FORES	1		3:			123	て	Description (Fee, Brea		ubsistence a
PAYABLE	miles at p	miles at p	miles at 40 p		Mileage Rates	Total Subsistence, etc.				140 A CO17	V.O.	WYRE FORES: DISTRICT COO.	10011			Nov 12		A	Sac.				Fee, Breakfast, Lunch, etc.	Neil form Poddin	Subsistence and other expenses
8			દુ	מו							_	-											כון	Amount	
20			6	ס								1											ט	Ħ	

Signed...
(Claimant)

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Authorised.....(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.