

MEMBERS

WYRE FOREST DISTRICT COUNCIL

Payroll No. 2012 Reg. No. 2012
 NAME S. Campion Travelling and Subsistence Claim for month ending June Make & Model of car. None
 (BLOCK LETTERS) Division C11 C.C. Rating 1600 If car changed since previous claim state date.

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Time Absent		Subsistence and other expenses		Amount	
	From	To	From	To			From	To	State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	£	p	
8/5/12	Kiminst	SOS			10	Briefing in N.Mille - ✓						
9/5/12	"	"			10	Pre Council Briefing ✓						
9/5/12	"	Kiminst			4	Mike Parke - (hea last briefing)						
10/5/12	"	Bromsgrove			20	Worc Louder's Board. ✓						
15/5/12	"	SOS			10	Briefing in N.Mille - ✓						
25/5/12	"	SOS			10	Council ✓						
27/5/12	"	Kiminst			4	Cabinet/cont. ✓						
30/5/12	"	SOS			10	Corp Briefing ✓						
30/5/12	"	Kiminst			4	Briefing Mike Parke ✓						
31/5/12	"	"			4	Corp Briefing ✓						
1/6/12	"	SOS			10	Jan Miller of Fusion Agency ✓						
6/6/12	"	SOS			5	Colin Williams & Jan Miller ✓						
7/6/12	"	SOS			5	Pre Council ✓						
8/6/12	"	SOS			10	Briefing Julie Metto ✓						
12/6/12	"	Kiminst			4	Mike Parke ✓						
13/6/12	"	Worcester			33	Team Regen heads Meeting ✓						
14/6/12	"	Kiminst			4	Ken Harrison - HS50 ✓						
					Miles <u>cont.</u>							

PAID

August 2012

Total Subsistence, etc.

Totals for each Expenditure Code			Mileage Rates	
Item	Code	£	p	
Mileage	33010			miles at p
Train / Bus / Taxi	35010			miles at p
Subsistence	47010			miles at p
TOTAL				PAYABLE

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)

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.