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Signed (Claimant)		* Armual check of business-use car insurance: checked by	nor omitted to do anything to reduce or invalidate the said insurance.	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.		I certify that:	M								5						Description From	(BLOCK LETTERS) Details of Journeys	らやらし		
Authorised (Authorised Signatory)		xial use was specified e, I have neither done rrance.			and this		Miles 14				1									7.0%	Miles	C.C. Rating	Travelling and Subsistence Claim for month ending.		
	TOTAL	Subsistence	Train / Bus / Taxi	Mileage .	Item	Totals fo)) Frx			- The state of the		•	A Carolina		Purpose and Passengers Carri	Poèse d'Assessé d'Assessé d'Assessé d'Assessé a spage de la constitue de la co	m for month endir	WYRE FOREST DISTRICT COUNCIL	
**************************************	P	47010	35010	33010	Code	Totals for each Expenditure Code				1		130000				***************************************			1	· · · · · · · · · · · · · · · · · · ·	ingers Carried	If car cha	19. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	COUNCIL (
Date au	G			U	Ð	Code						200	1 - 1	9213 23 11 23 11							Time	nged sino		7	
Date authorised	8		•	8	טי					,	*-										Absen	previous c	20,		
F.S.i				F			Total S		SOUBCE		3 8	6) [Yaeleone								State: Fee, Bre	laim state d		Reg. No.	多角
2	PAYABLE	miles at p	miles at p	miles at U.O. p		Mileage Rates	Total Subsistence, etc.		HESOURCES BIRECTORATE	7107	3 8 MAY 7017	E. TOI DISTRICT COUNCIL			•	*					State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	car changed since previous claim state date	Make & Model of car	-	うりうののない
	и 8			8	ণ					F± 67-0		(CIL)				•					Amount £ p			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.

Authorised (Authorised Signatory)