

1 - march

MEMBER

WYRE FOREST DISTRICT COUNCIL

Payroll No. *[Signature]*  
 NAME: *[Signature]* Division: *[Signature]* C.C. Rating: *[Signature]*  
 Travelling and Subsistence Claim for month ending 20  
 Reg. No. *[Signature]* Make & Model of car. *[Signature]*  
 (BLOCK LETTERS) If car changed since previous claim state date.

Date	Description		Mileometer		Miles	Purpose and Passengers Carried	Time Absent		Subsistence and other expenses		
	From	To	From	To			From	To	State Rail fare, Parking Fee, Breakfast, Lunch, etc.	Amount	£
24/11	Bursled	S-O-S			10	Heston Race Ground, J. Ginnison					
24/11	Bursled	Keitel			8	D.C. W.P. Ginnison					
24/12	Bursled	S-O-S			10	Extraordinary Meeting of Council					
24/12	Bursled	S-O-S			10	Spinning					
14/12	Bursled	Bursled			3	Planning Site Visit					
14/12	Bursled	Keitel			8	Planning Committee					
24/12	Bursled	S-O-S			10	Full Council					
8/10	Bursled	Carlton Chalkley			21	Planning Site Visit					
13/12	Bursled	Keitel			8	Planning Committee					
14/12	Bursled	S-O-S			10	State of the Area Debate					
24/12	Bursled	Keitel			8	Forum Deb Haines					
					<b>106</b>						

**PAID**  
 MAX 2017  
 WYRE FOREST DISTRICT COUNCIL  
 08 MAY 2017  
 RESOURCES DIRECTORATE

Totals for each Expenditure Code		Mileage Rates	
Item	Code	£	p
Mileage	33010	42	40
Train / Bus / Tax	35010		
Subsistence	47010		
<b>TOTAL</b>		<b>42</b>	<b>40</b>

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 *[Signature]* Date *[Signature]*

Signed *[Signature]* Authorised *[Signature]*  
 (Claimant) (Authorised Signatory)

Date authorised *7.5.12*

**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 6<sup>th</sup> of the month in which payment is required.