	* Annual ch	nor omittee	b) Duning thing the insur	a) the above expenditure	I certify that:						*				20-13-11	12.12.4	13-12-11	2.12.11	11-11-60	06-12-il	0 .12.II		Date		(BLOCK LETTERS)	NAME A	Payroll No,
	leck of busi	I to do anyt	ance certification of the period of the peri	e details are has actual											wide	hidd	n.dil	nida	1.de	Zida	Wide	From	De		TERS)	NAME Pratous	
	*Annual check of business-use car insurance: checked by	nor omitted to do anything to reduce or invalidate the said insurance.	in the insurance certificate * and I held a current driving from the feet was specified in the insurance certificate * and I held a current driving from the feet 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 has not have remained the formal transfer of the control											pula le	Dule K	A 270	Curc	of while of while of	of white of	to original	70	Description	Details of Journeys		Kert	ed Northwest Statements
	rance: check	invalidate the	hicle was ins	of official jou on subsistence					Sharper and the state of the st							buller	Dula H	ריאוני	Dulue Gp	ortho ortho	Oily & Oile F	From	Mile	ournevs			
	ed by	said insuran	ured, official	rneys, and the claimed an		Miles				,								hidel	udd	hide	uses	ত	Mileometer		********************	\mathcal{Z}_{ζ}	ravelling a
	Date	ice.	use was speci	at diffus		345)							,	6	F	<u>د</u>	∂- (۲- ۲-	f-	5		Miles		********************	٠ ١	and Subsist
1	REFERRE FARRESCHARE	dado	fied												Colors	5 dra	68	ئ ئو	25	eg G	S		•		C.C. Haung		WYRE FOR
TOTAL	Subsistence	Train / Bus / Taxi	Mileage	Item	Totals fo						,	The state of the s	*		61.	25 20	Cease	ich Paris	the Tillian	5.50	ないの		Purpose and Passengers Carried				WYRE FOREST DISTRICT COUNCIL once Claim for month and no.
AL .	47010	35010	33010	Code	Totals for each Expenditure Code											1	3,	.	1)A.C.6.			rigoro Control	more Carriad		If car chan	-	SOUNCIL SOUNCIL
				т	Code				HES				HVW			4	7	- 1	2	•		Frans	t T		ged since	***************************************	6
	•			σ					HESOURCES DIRECTORATE		1 -		WYRE FOREST DISTRICT COLLEGE	_		1		1	2		+	Tomo To	ň.		previous	20-3-1-	}
			lis			ĭot			SDIAE		14N 2012			 -	+		-		-	-			Subsiste		claim st	·- Mak	
-			4			al Sub		***************************************	CTOR	7.4	3	فيانمونساسانهونا	510						7		5 0000	tato: Rai	Dire edu		ate date	poly 29 e	Reg. No.
PAYABLE	miles at p	miles at p	miles at 40p		Mileage Rates	iotal Subsistence, etc.			atte	•			The second	-	777						may multiple office	State: Rail fare, Parking	Subsistence and other expenses		If car changed since previous claim state date	Wake & Model of car	
W			3	to.	!										Ñ	j	SI WARREN				*	Amount			****		***
S			8	σ	į																7	, 17			-	***************************************	2376407856021

. . .

. .

Please note claims must be received by the Human Resources Division on or before the 6th of the month in which payment is required. RECEIPTS MUST BE ATTACHED AS EVIDENCE THAT EXPENSE HAS ACTUALLY BEEN INCURRED.

(Authorised Signatory)

Authorised

Date authorised.

Signed....

(Claimant)