

2

WYRE FOREST DISTRICT COUNCIL
 Travelling and Subsistence Claim for month ending Sept/Oct 2011
 Reg. No. _____ Make & Model of car _____
 Division 1600 C.C. Rating 1900 If car changed since previous claim state date _____
 NAME S.J. CLIFF
 (BLOCK LETTERS)

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
2011	Home	Home			✓ 10	SOS DOC Signing				
16/18	Home	Home			✓ 32	Hagley Church Service				
17/18	Home	Home			✓ 12	Meeting Neko Parker				
19/18	Home	Home			✓ 10	SOS - Signing Docs				
24/18	Home	Home			✓ 10	Letter/Chairman's Diary				
25/18	Home	Home			✓ 10	Letter Civic Centre				
31/18	Home	Home			✓ 10	Letter / Post Civic Ctr.				
1/9	Home	Home			✓ 10	Civic - Single Site Contracts				
2/9	Home	Home			✓ 10	Civic - Doc Signing				
3/9	Home	Home			✓ 10	SOS CAERUAL				
4/9	Home	Home			✓ 10	SOS - French Visit / Communal Dinner				
5/9	Home	Home			✓ 10	SOS - Document Signing STCS				
13/9	Home	Home			✓ 12	AGC Council Agenda Meeting - <i>transferred to 13/9</i>				
14/9	Home	Home			✓ 10	SOS DOC Signing				
14/9	Home	Home			✓ 10	Wyre Forest Community Housing				
16/9	Home	Home			✓ 10	WYRE FOREST Community Housing				
18/9	Home	Home			✓ 38	Bromsgrove Civic Service				
					Miles 224					

WYRE FOREST DISTRICT COUNCIL
 f - 1900 2011
 RESOURCES DIRECTORATE

PAID
 DEC 11

Miles 224 g/f
 PAID 00 TOP
 Total Subsistence, etc. _____
 Mileage Rates

Item	Code	£	p	Mileage Rates
Mileage	3901			miles at
Train / Bus / Taxi	3901			miles at
Subsistence	4701			miles at
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)
 11/10/11
 Authorised _____ (Authorised Signatory)
 Date authorised _____

Please note claims must be received by the Human Resources Division on or before the 6th of the month in which payment is required.