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Signed (Claimant)		* Annual	nor omit	b) During	a) the at	l cortily that:										,,,	18 Sec	1382	1.00 D	\. \.	77.8	OF AVE	المالية المالية	つるい		Date	(BLOCK	Payroll No.	
Total Control	÷	* Annual check of husiness-use caf insurance: checked by	nor omitted to do anything to reduce or invalidate the said insurance.	has for been previously reindoursed. b) During the period of this claim, the vehicle was insured, official use was specified in the first raine certificate a and I held a common delicing it was insured.	a) the above details are a correct record of official journeys, and that expenditure has actually been incurred on subsistence claimed and this expenditure has actually been incurred on subsistence claimed and this	that:											T	T }	<u>}</u>	T	5	<u>ኖ'</u>		75.10ex	From	Desc	(BLOCK LETTERS)	7	
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Authorised(Authorised Signatory)		Date_	r Ve neitrier de	e was specif			1770										Ö	ò	P	(6)	, 10	6	် ၁	۲ <u>,</u> ۲3	`	Miles	G	d Subsiste	
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***************************************	TOTAL	Subsistence	Train / Bus / Taxi	Mileage	ltem	iotals i		<b>VI</b>		) <sup>[</sup>	197						シニ. ・	そしていたの、			ため とうこうかん	CAR REAL		Vist Prawwing	i	Purpose and Passengers Carried	***************************************	Iravelling and Subsistence Claim for month endingఎএ.২২	WYRE FOREST DISTRICT COUNCIL
49 19 19 19 19	[AL	4701	3501	3301	Code	Totals for each Expenditure Code										***************************************				\ -	かるよ スチル			V. AT-		anders Carried	lf car chan	ng alve yenve	COUNCIL
Date authorised_					61	Code			=	=				-	-				きるようけん		1,8%				From	Tim	iged since p	AVC JOY	````\ ?
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				t			Total S			DURCES		10 - 4		OREST						2000	Cadia dadas				State:	ubsistence a	If car changed since previous claim state date	Make & M	Reg. No
-	PAYABLE	miles at p	miles at p	miles at 40 p		Mileage Rates	Total Subsistence, etc.			RESOURCES DIRECTORATE		4-0CT 2811	1	WYRE FOREST DISTRICT COUNCIL											State: Rail fare, Parking	Subsistence and other expenses	ate	Make & Model of car	······································
•	80			3080	rio T																			7	e Alicount		***************************************		f

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