

members

WYRE FOREST DISTRICT COUNCIL

Payroll No. 5 PARISH Reg. No. 2011 Make & Model of car. DAVE ADAMS  
 NAME (BLOCK LETTERS) Travelling and Subsistence Claim for month ending 31 AUG 2011  
 Division: C.C. Rating: If car charged 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	States: Rail fare, Parking Fee, Breakfast, Lunch, etc.	£	p
9/6/11	HOME	HOUSE			10	Morning Training	5:30	6:30			
15/6/11	HOME	HOUSE			10	Ascalon Bill	5:00	6:30			
6/7/11	HOME	HOUSE			10	Scrutiny Briefing	6:00	7:00			
7/7/11	HOME	HOUSE			10	Scrutiny and Scrutiny	6:00	7:30			
11/7/11	HOME	HOUSE			10	Unit is new Computer Resol.	3:00	4:00			
27/7/11	HOME	HOUSE			10	Planning Meeting	6:00	7:30			
28/7/11	HOME	HOUSE			10	Wyle Forest Board Group	6:00	7:30			
29/7/11	HOME	HOUSE			10	Meeting D Buckland Tracy-Southwell	4:00	5:00			
						WYRE FOREST DISTRICT COUNCIL					
						RESOURCES DIRECTORATE					
						3 AUG 2011					
						PAPAD					
						Aug 11					
					80				Total Subsistence, etc.		

Totals for each Expenditure Code		Mileage Rates	
Item	Code	£	p
Mileage	33010	32	00
Train / Bus / Taxi	35010		
Subsistence	47010		
<b>TOTAL</b>		<b>32</b>	<b>00</b>

  

Mileage Rates	
£	p
80	miles at 40 p
	miles at p
	miles at p
	<b>PAYABLE</b>
	<b>32 00</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 \_\_\_\_\_ Date \_\_\_\_\_

Signed, (Claimant) \_\_\_\_\_ Date authorised \_\_\_\_\_  
 Authorised (Authorised Signatory)

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.