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L.			م ا	thoris	Date authorised	` <b></b>	8-2011	Authorised	Aui (Aun		(2)	Signed Claimant)
33 20	PAYABLE		11			Ä	TOTAL		;	·		
	miles at p					47010	Subsistence	Date	ce: checked by:	Arnual check of business-use car insurance: checked by.	eck of business	Annual ch
•	miles at p		-			35010	iram / Bus /		or omitted to do anything to reduce or invalidate the said insurance.	to reduce or inva	I to do anything	or omittee
33 20	miles at 40 p.	83	I			33010	Mileage	was specified ·	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 denoted the insurance certificate * and I held a current driving licence.	claim, the vehicles and I held a cur	ne period of this	During the insur
ch G	•		ı	D	ю	. Code	Item	<i>क</i>	y us aware details are a confect record of official journeys, and that expenditure has actually been incurred on subsistence claimed and this las not been previously reimburged.	een incurred on s imburcard	and been previously reimbraced.	as not be
	Mileage Rates		l T		a Code	Totals for each Expenditure Code	Totals f	9			7.	certify that:
	Total Subsistence, etc.	Total Su							Miles			
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	WYRE FOREST DISTRICT COUNCIL	REST DIST	M P O	WYF				7 7				
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		<b>)</b>				Since any or other party of the second of th	January D. C.			Arten participants (Secured Secured Se		
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				-	<u> </u>		iniae D.C.	2 - Felia				
				$\vdash$	•		miner; Emm	100 / Ca		Ki Miss	0 1	100
Amount P	State: Rail fare, Parking Fee, Breakfast, Lunch, etc.	State: Fee, Brea	ρ̈́	From To-	<u>.</u>				From To	7. To	From	2
	Subsistence and other expenses	isistence a	Sub	mà Alver		angers Carried	Purpose and Passengers Carried	Miles	meys Mileometer	Details of Journeys	Description	Date
***************************************	im state date	changed since previous claim state date.	us clai	e previo	inged sinc	i Ca		17900 C.C. Rating	Š.	RRANTON	The	NAME ()
-		Reg. No	•	ა ი		ng.*	Travelling and Subsistence Claim for month ending	Subsistence Clai	Travelling and		).	Payrofi No.
						)     	לים ביטום ביטום לי	H HEVW		•		

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.