MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....

FOR ALLOWANCES FOR THE MONTH OF: APRIL

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
16/4/12	7	9	CLEWER YOUTH.	C Services O&S		6		
17/4/12	7.30	9	Desborough T/Hall	COUNCIL		19		
					SUB TOTAL	25		
					TOTALS CLAIMED	25		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED YES / NO*

*Please delete as appropriate

Signature of Member:... ..... Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip)

FOR ALLOWANCES FOR THE MONTH OF: ~~APRIL~~ MAY 2012

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
16/5/12	7	9	TOWN HALL MAIDENHEAD	CHILDREN'S SERV O&S		19		
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~		~~[illegible]~~		
31/5/2	9.30	11	TOWN HALL	GRANTS PANEL		19		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

SUB TOTAL	38		
TOTALS CLAIMED	38		

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED YES / NO*

*Please delete as appropriate

Signature of Member:..... Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....

FOR ALLOWANCES FOR THE MONTH OF: JUNE 2012

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
13/6/12	7	9	TOWN HALL	CHILDRENS SERVICES		19		
26/6/12	7.30	9.30	DEBOROUGH T/HALL	COUNCIL		19		
					SUB TOTAL	38		
					TOTALS CLAIMED	38		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed. and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED YES / NO*

*Please delete as appropriate

Signature of Member:.. ..... Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....

FOR ALLOWANCES FOR THE MONTH OF: JULY

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
11/7/12	7	9	Town Hall	CHILDRENS SERV O&S		19		
24/7/12	7	9	GUILDHALL	COUNCIL		5		
5/7/12	2	3	Town Hall	ADMISSIONS FORUM		19		
					SUB TOTAL	43		
					TOTALS CLAIMED	43		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED YES / NO*

*Please delete as appropriate

Signature of Member: .....

Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....

FOR ALLOWANCES FOR THE MONTH OF: AUGUST 2012

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
6/8	7.30	9.30	TOWN HALL	CORPORATE SERVICES O&J		✓ .19		
					SUB TOTAL	✓ 19		
					TOTALS CLAIMED	✓ 19		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED **YES / NO*** (YES circled)

*Please delete as appropriate

Signature of Member ..... Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: LYNNE JONES

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....

FOR ALLOWANCES FOR THE MONTH OF: SEPTEMBER 2012

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached) £	p
10/9/12	7	9	Town Hall	Childrens Serv O&S		19		
25/9/12	7.35	8.30	"	Council		19		
					SUB TOTAL	38		
					TOTALS CLAIMED	38		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED YES / NO*

*Please delete as appropriate

Signature of Member:.....

Date.....

For Office Use Only					
Democratic Services:	Authorised for Paymen		Date: 08/10/12		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date: