

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th
OF EACH MONTH

CLAIM BY COUNCILLOR: LEO WALTERS
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....
FOR ALLOWANCES FOR THE MONTH OF: MARCH 2018

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	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
6/3/18	1530	2130	London	Green Bee Council Mgmt		70		
7/3/18	1700	2000	Wiltshire	Hourly: Planning Overview & Security		4		
12/3/18	0900	1300	Employment	C.P.P.E		50		
12/3/18	1830	2000	Wiltshire	Borough Council Review		4		
14/3/18	1500	2200	London	SENFA (TA) Mgmt & Finance		70		
22/3/18	1700	2030						
SUB TOTAL						198		
TOTALS CLAIMED						198		

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.

[S.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: 26/3/18

For Office Use Only				
Democratic Services:	Authorised for Payment	Date:	28/3/18	
Payroll:	Input by:	Date:	Batch No:	Checked by:
				Date:



Royal Borough
of Windsor &
Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WARTEN

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
With the Carer Paul

DATE OF CARER SERVICE (DD/MM/YY) 15/1/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1500</u>
To	<u>2000</u>
Total hours	<u>2 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [REDACTED]

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [REDACTED] above.

Signature of Carer [REDACTED] Date 6/3/17

Age of Carer (please tick) 16-20yrs..... 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>40</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WARTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:
12 Comm. & Housing Officers & Security Panel

DATE OF CARER SERVICE (DD/MM/YY) 17/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>2.00</u>
To	<u>2.25</u>
Total hours	<u>2 1/4 + 1/2 = 2 3/4</u> (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Member... [REDACTED] Date... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have provided the services detailed above.

Signature of Carer.. [REDACTED] Date... 6/3/17

Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over...

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>40</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEU WALTERS

NAME OF CARER [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO: Health Care Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 15/2/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1815
To	2000
Total hours	2 1/4

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me w [Redacted]

Signature of Member [Redacted] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [Redacted] Signature of Carer [Redacted] Date 6/3/17 Age of Carer (please tick) 16-17 [Redacted] 18-20 [Redacted] 21 yrs & over [checked]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 36		Date 6/4/17	
		Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:- Planning & Homecare Support Fund

DATE OF CARER SERVICE (DD/MM/YY) 30/11/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1400
To	2010
Total hours	1 1/2

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [Redacted]

Signature of Member. [Redacted] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [Redacted] over.

Signature of Carer. [Redacted] Date 6/3/17

Age of Carer (please tick) 16-17 [Redacted] 18-20yrs [Redacted] 21yrs & over [checked]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 20		Date 6/4/17	
		Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [REDACTED].....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Local Plan Writing Group

DATE OF CARER SERVICE (DD/MM/YY) 8/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1830</u>
To	<u>2030</u>
Total hours	<u>2 + 1/2 TRAV</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me

Signature of Member..... [REDACTED].....

Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have s [REDACTED] ve.

Signature of Carer... [REDACTED].....

Date 6/3/17

Age of Carer (please [REDACTED] 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>80</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALLEN

NAME OF CARER..... [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Family Council

DATE OF CARER SERVICE (DD/MM/YY) 13/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1930
To	2115
Total hours	1 1/2

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is not an immediate member of my family or person residing with me.

Signature of Member..... [Redacted] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted] Date 6/3/17

Age of Carer (please tick) 10-17..... 18-20yrs..... 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 20		Date 6/4/17	
		Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEU WAZIEM

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
M.I.H. Res Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 19/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1800
To	2050
Total hours	3 mi TAN

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [REDACTED]
Signature of Carer [REDACTED] Date 6/3/17
Age of Carer (please [REDACTED]) 21yrs & over ✓

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ 4.9		Date 6/3/17		
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date:



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

Royal Borough of Windsor & Maidenhead

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEOWALTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Table with 2 columns: Category of care and checkbox. Categories include 'Childcare i.e. for children aged 15 or less' and 'Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member' (checked).

APPROVED DUTY THAT CARER SERVICE RELATES TO:- C/PRE EXECUTIVE MEETINGS THEATRE

DATE OF CARER SERVICE (DD/MM/YY) 31/10/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

Table with 2 columns: Time (From, To, Total hours) and Description. Values: From 1000 AM, To 1200, Total hours 3 incl TRAV. (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me.

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

Table with 2 columns: Receipt status (Yes/No) and checkbox. Value: RECEIPT ATTACHED (please tick) Yes [checked]

TO BE COMPLETED BY CARER

I declare that I [REDACTED] dove.

Signature of Carer [REDACTED] Date 6/3/17 Age of Carer [REDACTED] 21yrs & over [checked]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY table with columns: Members' Services, Total Amount Claimed (£49), Authorised for payment, Date (6/4/17), Payroll, Input by, Date, Batch no., Checked by, Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

Royal Borough of Windsor & Maidenhead

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CPRP - Member

DATE OF CARER SERVICE (DD/MM/YY) 6/2/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1000</u>
To	<u>1200</u>
Total hours	<u>3</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Member..... [REDACTED] Date... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED] above.

Signature of Carer..... [REDACTED] Date... 6/3/17
 Age of Carer (please print) [REDACTED] yrs..... 21yrs & over...

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed <u>£ 48</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

C.P.R.E. Travel

DATE OF CARER SERVICE (DD/MM/YY) 16/1/17

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1000
To	1230
Total hours	3/2 hrs TRAV. (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Member. [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Carer [REDACTED] Date 6/3/17
Age of Carer (please print) [REDACTED] yrs. 21yrs & over [checked]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ 56		Date 6/4/17		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEU WARREN

NAME OF CARER [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

C.P.R.E. from

DATE OF CARER SERVICE (DD/MM/YY) 12/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	10 00
To	12 00
Total hours	3 hrs TRAV

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me [REDACTED]

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have signed [REDACTED]

Signature of Carer [REDACTED] Date 6/3/17

Age of Carer (please [REDACTED]) 21yrs & over

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £48		Date 6/4/17	
		Authorised for payment [REDACTED]			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CPRE (VE Regia) London

DATE OF CARER SERVICE (DD/MM/YY) 14/12/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1100
To	1600
Total hours	4

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [REDACTED]

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [REDACTED] e.

Signature of Carer [REDACTED] Date 6/3/17

Age of Carer (please tick) [REDACTED] 21yrs & over [checked]

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 60		Date 6/4/17	
Payroll:		Input by: [REDACTED]		Checked by: [REDACTED]	
Date:		Batch no. [REDACTED]		Date	



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....

NAME OF CARER..... [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
B.O.W LOCAL PLAN - MEMBER BRIEFING

DATE OF CARER SERVICE (DD/MM/YY) 10/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1830	(Maximum 4 hours)
To	2030	
Total hours	2 + 1/2 TRAV	

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with [Redacted]

Signature of Member [Redacted] Date..... 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have signed this invoice above.

Signature of Carer [Redacted] Date..... 6/3/17

Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 40		Date 6/4/17	
		Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Royal Borough
of Windsor &
Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) LEO WALTERS

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
INVESTEE LONDON SPOONREMEY RYMAN

DATE OF CARER SERVICE (DD/MM/YY) 2/11/16

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1400</u>
To	<u>1700</u>
Total hours	<u>3</u> HOURS ✓ (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that [REDACTED] is over and not an immediate member of my family or person residing with [REDACTED].

Signature of Member [REDACTED] Date 6/3/17

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
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TO BE COMPLETED BY CARER

I declare that I have [REDACTED] detailed above.

Signature of Carer [REDACTED] Date 6/3/17

Age of Carer (please tick) 16-17 18-20yrs 21yrs & over

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>60</u>		Date <u>6/4/17</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date