

date 14/10/09 ID 0000120 | amt - 16.00
Inv No. Due Date 17/07

CLLR BURBAGE - CHILD CARE

OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26 E2			MJ30				16.00

INVOICE FOR
CARE & DEPENDENTS' CARERS' SERVICES

Special instructions RECEIPT MUST BE SCANNED
Contact name J. S. HARFORD

COMPLETED BY COUNCILLOR

Ext No. 6319

Please Print) DAVID BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CABINET 25/06/09

DATE OF CARER SERVICE (DD/MM/YY) 25/06/09

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	17.30
To	21.30
Total hours	4 hrs

Re Cabinet Briefing 5.30 start +
Cabinet @ 7.30pm → 9.10.

(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 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member.....

Date 14/7/09

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.....

Date.....

Age of Carer (please tick)

18-21 yrs.....

22 yrs & 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 £ 16.00				
	Authorised for payment		Date 15/07/09		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

30/07/09 Supp ID 8000250 Gross amt £7.41
Inv No. Due Date 08/08

Text (30 chars incl spaces)

CAR BURBAGE - CHILDCARE

WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26EZ			MJ30				7.41

VOICE FOR
DEPENDENTS' CARERS' SERVICES

Special instructions
Contact name

ALL PAGES MUST BE SCANNED

ATED BY COUNCILLOR

J. S. HARFORD

Ext No.

6319

Print) DAVID BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... BABYSITTING SUSTAINABLE COMMUNITIES ACT PAPER

DATE OF CARER SERVICE (DD/MM/YY) 20/05/09

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	18.00
To	22.00
Total hours	4 hours

Meeting 7.30-8.36 = 1.06 hrs
Incl. travel = 2.06 hrs @ £3.53 per hr

= £7.41 claim

7 = 9.15

2 hrs for net

£10 & £20

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 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

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

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date 20/5/09

Age of Carer (please tick) 18-21 yrs ☒ 22yrs & 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 £ 7.41		Date 30/07/09		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

Invoice date 21/09/09 Supp ID 8000250 Gross amt £10.59
Inv No. Due date 29/09

Text (30 chars incl spaces)

CLLR BURBAGE - CHMDCARE

WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	EZ		MJ30				10.59

VOICE FOR
DEPENDENTS' CARERS' SERVICES

Special instructions ALL PAGES MUST BE SCANNED

Contact name

J. HARFORD

Ext No.

6319

ATED BY COUNCILLOR

Print) DAVID BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

~~SAFETY TASK~~ Cabinet briefing with Chief Constable

DATE OF CARER SERVICE (DD/MM/YY) 10/09/09

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	6.15
To	9.15
Total hours	3 hrs

Meeting duration 6.30-8.30
incl travel = 3 hrs
@ £3.53ph
= £10.59 ✓
(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 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member.....

Date 21/9/09

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.....

Date 10/9/09

Age of Carer (please tick) 18-21 yrs ☒ 22yrs & 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 £ 10.59		Date 22/09/09		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

date 22/05/09 ID amt £
 Inv No. Due date 01/06

Text (30 chars incl spaces)

CLL BURRAGE - CHILDCARE

OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	E2		MJ30				14.31

INVOICE FOR
E & DEPENDENTS' CARERS' SERVICES

Special Instructions **ALL PAGES / RECEIPTS MUST BE SCANNED**

PLEATED BY COUNCILLOR

Contact name

Ext No.

(Please Print) CLL DAVID BURRAGE

NAME OF CARER...

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CABINET BRIEFING

DATE OF CARER SERVICE (DD/MM/YY) 14/5/09

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	6:30 pm
To	9:30 pm
Total hours	3 hrs

(Maximum 4 hours)

$\therefore £4.77 \times 3 \text{ hrs}$
 $= £14.31$

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 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member..... Date..... 18/5/09

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

RECEIPT ATTACHED (please tick)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date..... 14/5/09

Age of Carer (please tick) 18-21 yrs ☒ 22 yrs & 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>14.31</u>				
	Authorised for payment		Date	<u>22/05/09</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

Authorised by Ian Trenholm

Invoice date **13/05/09** Supp ID **E9.94p**
 Inv No. **21/05**
 Text (30 chars incl spaces)

CLLR BURBAGE - CHILDCARE

I OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26 EZ			MT30				9.94p

INVOICE FOR
RECEIVED
CARE & DEPENDENTS' CARERS' SERVICES

13 MAY 2009

Special instructions **ALL PAGES/RECEIPTS MUST BE SCANNED**
 Contact name

COMPLETED BY COUNCILLOR

Ext No.

(Please Print) **DAVID BURBAGE**

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

~~PARLIAMETARY~~ **CABINET**

DATE OF CARER SERVICE (DD/MM/YY) **23/4/09**

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	7pm
To	10pm
Total hours	3 hrs

(Maximum 4 hours)

Meeting duration = 19.30 - 20.35 = 1hr
 Incl travel = 2 hrs @ £4.77p
 = **£9.94p**

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 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member..... Date **11/5/09**

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date **23/4/09**

Age of Carer (please tick) 18-21yrs ☒ **20** 22yrs & 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 £ 9.94p		Date 14/05/09		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no:	Checked by:	Date