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	Please Print) DAVID BURBAGE
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Care for dependents (	on social/medical grounds i.e. elderly parents or disabled
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To lo	Doom 6,18pm) IN 18mins - In 1
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enabling me to perform a carer. I declare that the c	ally and necessarily incurred expenditure on carer services for the purpose of approved duties as a Member of the Council and that I have actually paid the arer is 18 years of age or over and not an immediate member of my family or who has provided the care.
Signature of Member	
	E RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.
RECEIPT ATTACHED	(please tick) Yes No
,	
	TO BE COMPLETED BY CARER
I declare that I have supp	plied the services detailed above.
Signature of Carer	Date 11.9.108
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We or carer thisasse nor	19 10-21 y13 22 y13 00 0 vcl
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Age of	Care	er (ple	ase tick	)	21 yrs			Date
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Please 1	eturn	this f	orm to:	Democra	atic Serv	rices, T	own H	all, St Ives Road, Maidenhead, Berks SL6 1RF
					FOR C	FFICE	USE ON	LŸ
Membe	rs' Sc	rvices:		l Amount			. <u>oo</u> r	
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I declare that I have	supplied the s	ervices detaile	i above.	<del></del>
Signature of Carer Age of Carer (please	••••			80/8/8
Please return this form	n to: Democra	tic Services, T	own Hall, St Ives Roa JSE ONLY	d, Maidenhead, Berks SL6 1RF

		FOR C	FFICE USE ONLY					
Members' Services: Total Amount Claimed £ 20, 000								
		Authorised for payment		Date 25/	09/08			
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							sarily incurred expenditure on carer services for the purpose of						
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	carer. I declare that the carer is 18 years of age or over and not an immediate member of my family of												
							ided the care.						
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