

date 10/05/09 ID amt = 0.82
 Inv No. Due Date 21/05

RECEIVED

Text (30 chars incl spaces)
 CLLR BURBAGE - CHILDCARE

F WINDSOR AND MAIDENHEAD

13 MAY 2009

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26EZ			MJ30				8.82

INVOICE FOR
 & DEPENDENTS' CARERS' SERVICES

Special Instructions ALL PAGES / RECEIPTS MUST BE SCANNED

APPROVED BY COUNCILLOR

Contact name Ext No.
 (Print) DAVID BURBAGE

NAME OF CARER AMY BRETT

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:-

~~BURBAGE~~ MEMBERS TRAINING - TRANSFORMING SOCIAL CARE

DATE OF CARER SERVICE (DD/MM/YY) 12/3/09

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	9.15 pm
To	9.15 pm
Total hours	3 Rows.

(Maximum 4 hours)
*meeting duration = 18.30 - 20.00 = 1.30 hrs
 incl travel = 2.30 hrs @ £3.53 per hr
 = £8.82.*

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
 Age of Carer (please tick) 16-18 18-21 yrs 22yrs & over
(see form 0.17/09/08)

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 £ 8.82p		Date 14/05/09	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

Invoice date 26/02/09 Supp ID

Gross amt £ 10.73
Due Date 17/03

Text (30 chars incl spaces)

CLL R BURRAGE - CHILDCARE

OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	EZ		MJ30				10.73

INVOICE FOR
E & DEPENDENTS' CARERS' SERVICES

Special instructions ALL PAGES MUST BE SCANNED PLETED BY COUNCILLOR

Contact name

Ex No

(Please Print) CLL R 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 MTC

DATE OF CARER SERVICE (DD/MM/YY) 26/2/09

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	<u>1830</u>
To	<u>2100</u>
Total hours	<u>2.5</u>

(Maximum 4 hours)

*meeting duration 19.30 - 20.45 = 1.15H
inc travel = 2.15H @ £4.77ph
= £10.73*

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 2/3/09

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 C. Cook Date 26/2/09

Age of Carer (please tick) 18-21 yrs 19 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 <u>£ 10.73p</u>		Date <u>03/03/09</u>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no!	Checked by:	Date

Invoice no: 11/09/08 | Supp ID: | Gross amt: £12.42
 Due Date: 06/10

ext (30 chars incl spaces) CLR BURBAGE - CHILD CARE

H OF WINDSOR AND MAIDENHEAD

OC code	TC	TS	CostC	Cat	Cat	Cat	Net E
26	EZ		MJ30				12.42

INVOICE FOR
 RE & DEPENDENTS' CARERS' SERVICES

COMPLETED BY COUNCILLOR

Special instructions
 Contact name

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:-

MEET. BRIEFING WITH ~~Special Crime division Forum~~ / ~~Not an approved duty~~
 JEF CONSTABLE

DATE OF CARER SERVICE (DD/MM/YY) 11/9/08

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	5.30pm	Meeting duration of 1hr 15mins + 1hr travel = 2hrs 15mins @ £5.52 per hr = £12.42
To	10.00pm 6.15pm	
Total hours	2hrs 15min	(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... 26/9/08

FAILURE TO PROVIDE 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 supplied the services detailed above.

Signature of Carer..... Date... 11/9/08
 Age of Carer (please tick) 18-21yrs..... 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 £		Date 29/09/08		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

INVOICE date 24/09/08 SUPP ID

INVOICE amt £20.00p

Inv No. Due date 10/10

Text (30 chars incl spaces)

CAR BURBAGE - CHILDCARE

INDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26EZ			MJ30				20.00

ICE FOR
DEPENDENTS' CARERS' SERVICES

Special instructions
Contact name

ED BY COUNCILLOR

Ext No.

1) DAVID BURBAGE.....

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less

Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

COUNCIL Mtg + MEMBERS TRAINING

DATE OF CARER SERVICE (DD/MM/YY) 23/09/08

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	18.30
To	22.30 29.40.5
Total hours	4 hrs

? meeting + travel time upto 1hr. -> pay 4hr MAX @ rate of £5 per hr paid to carer (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 24/09/08

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 23/9/08

Age of Carer (please tick)

18-21yrs.....

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 £ 20.00p	Date 25/09/08
Payroll:	Authorized for payment:	Checked by:
Input by:	Date:	Date:
	Batch no.	Date:

In the 23rd Sept 2008, I received £20 from Mrs. Bortage.

AIDENHEAD

ARERS' SERVICES

CILLOR

BURBAGE.....

	<input checked="" type="checkbox"/>
sabled	

S TRAINING.....

5TH OF THE TIME UP TO A

pay 4hr MAX @ rate £6 per hr paid to cover

services for the purpose of that I have actually paid the member of my family or

24/09/08

OF THE CLAIM.

I declare that I have supplied the services detailed above.

Signature of Carer..... Date... 23/9/08.....
 Age of Carer (please tick) 18-21yrs..... 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 £ 20.00P			
		Authorized for payment		Date 25/09/08	
Payroll:	Input by:	Date:	Batch nb.	Checked by:	Date

date 26/08/08 invt 24.73
 Inv No. N/A Due date 17/09

Text (30 chars incl spaces)
DAVID BURBAGE - CHILDCARE

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net E
J26	EZ		MJ30				4.93

WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS & DEPENDENTS' CARERS' SERVICES

Special instructions: _____
 Contact name: _____ Ext No: _____
COMPLETED BY COUNCILLOR

(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:-
CHAIRING CABINET MEETING

DATE OF CARER SERVICE (DD/MM/YY) 26/08/08

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>7.00</u>
To	<u>9.30 8.27</u>
Total hours	<u>2.5 1.27</u>

(Maximum 4 hours)

*meeting duration 7.30 - 7.57
 ∴ 7.00 - 8.27 @ £3.40/h. = £4.93*

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: 5/9/08

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: _____ Date: 26/8/08

Age of Carer (please tick) ~~16-18 yrs~~ 16-18 yrs 16-18 yrs 19-21 yrs 16 years 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>4.93</u>		Date <u>10/09/08</u>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

date 26/06/08 ID 1 amt £11.59
 Inv No. N/A Due date 20/08

OF WINDSOR AND MAIDENHEAD

Text (30 chars incl spaces)
BURBAGE CHILDCARE

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	BZ		M30				11.59

INVOICE FOR
 E & DEPENDENTS' CARERS' SERVICES

Special instructions
 Contact name

PLEATED 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:-

CABINET

DATE OF CARER SERVICE (DD/MM/YY) 26/6/08

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>6.30</u>	<u>7.00</u>
To	<u>8.45</u>	<u>9.06</u>
Total hours	<u>2 1/4</u>	<u>2h 6m.</u>

Meeting duration 7.30pm - 8.36pm
 ∴ 7.00 - 9.06 @ £5.52ph = £11.59

(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 26/6/08

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 26/6/08
 Age of Carer (please tick) 18-21yrs..... 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 £ <u>11.59</u>		Date <u>05/08/08</u>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date: