

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: MRS C ENACOTT
 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip)

FOR ALLOWANCES FOR THE MONTH OF: JULY | AUG | SEPT

Date	Start	End	Location	Description	✓	£	P
1-7-08	7.30	9.30	M. Head	Adult Services O+S		14	
7. 7. 08	10.45	11.30	M. HEAD	REVIEW OF YOUTH SERVICES - <i>Linda Chandler</i>		14	
15. 7. 08	5.30	7.00	M. HEAD	CORPORATE PARENTING	✓	14	
21. 7. 08	7.30	9.30	M. HEAD	ADULT SERVICES O+S	✓	14	
29. 7. 08	6.30	7.00	WIN.	CORPORATE PARENTING	✓	4	
18. 8. 08	6.00	8.00	M. HEAD	LDF (Sub Jd M. Bond)	✓	14	
2 9 08	7.30	10.30	M. HEAD	ADULT SERVICES O+S	✓	14	
3 9 08	7.00	9.00	WIN	D. C PANEL	✓	4	
11. 9 '08	1.00	3.00	WIN	APPEAL PANEL	✓	4	
15 9 08	6.30	8.00	M. HEAD	TRAINING	✓	14	
23 9 08	6.30	8.30	M. HEAD	COUNCIL	✓	14	
25. 9 08	1.00	3.00	WIN	APPEALS	✓	4	
SUB TOTAL						114	
TOTALS CLAIMED						114	

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
 Date: 25.9.08

Signature of Member:

Authorised for Payment		Date: <u>26/08/09</u>	
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: MRS C FENDACOTT
 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip)

FOR ALLOWANCES FOR THE MONTH OF: FEB/MAR

PERIOD COVERED BY CLAIM			PLACE WHERE DUTY WAS PERFORMED	REASONS FOR CLAIM / DESCRIPTION OF APPROVED DUTY <small>(Please indicate other arrangements made for the absence)</small>	TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO			PRIVATE CAR	PUBLIC TRANSPORT	
4.2.09	9.30	10.30	WINDSOR	SITE VISIT		£	p
13.2.09	3.00	5.00	M. HEAD	YOUTH CLUB MANAGEMENT MTC. CLIFF TURNER	2		
23.2.09	10.00	12.00	RECO	SITE VISIT	14		
24.2.09	7.30	10.00	M. HEAD	COUNCIL	7		
18.2.09	7.00	10.30	WIN	D.C. PANEL	14		
3.3.09	7.30	10.30	M. HEAD	O-S ADULT SERVICES	14		
3.3.09	7.30	10.30	M. HEAD	O-S ADULT SERVICES			
9.3.09	4.00		M. HEAD	Y.C. MAN. MTC - CLIFF TURNER	14		
24.2.09			M. HEAD	S			
SUB TOTAL					69		
TOTALS CLAIMED					69		

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.

VAT RECEIPT ATTACHED

YES / ~~NO~~
 *Please delete as appropriate

Date: 22.3.09

Signature of Member:

Authorised for Payment:	Date: <u>26/03/09</u>	Batch No:	Checked by:	Date:
Input by:	Date:			

[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.]