# ROYALBOROUGH OF WINDSOR OF MA 'DENHEAD

CLAND MUST BE PORIVARDED TO DEMOCRATIC SERVICES BY THE STH OF RANGINGER AND MADE UP TO THE END OF THE PREVIOUS MONTH

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MEMBERS' MILEAGE GLAIM FORM

#### ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH O 5 JUN 2008

CLAIM BY COUNCILLOR: MS. Sauce No. 19 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip)...

FOR ALLOWANCES FOR THE MONTH OF: PERIOD COVERED BY STAIM Not in dian P 24 14.03.08 12 PLEASE COMPLETE ONE LINE FOR EACH MEETING. SUB TOTAL CONFERENCE ETC YOU HAVE ATTENDED AND SIGN Less any amount claimed/received from any other Authority/Body. BELOW AFTER READING THE DECLARATION OVERLEAF. TOTALS CLAIMED [N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, VAT RECEIPT ATTACHED YES/NO\* and showing the petrol company's VAT registration number and identify the amount paid for fuel. ] \*Please delete as appropriate Signature of Member:.. Authorised for Payment: Date: Input by: Date: Batch No: Checked by: Date:

## MEMBERS' MILEAGE CLAIM FORM

## ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

YAL BOROUGH OF WINDSOR AND MAIDENHEAD  MS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st  ACH MONTH								CLAIM BY COUNCILLOR: SAYON ARA LUXTON COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).  FOR ALLOWANCES FOR THE MONTH OF: JUNE 08+14					
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## MEMBERS' MILEAGE CLAIM FORM

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### MEMBERS' MILEAGE CLAIM FORM

### ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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Input by:

Authorised for Payment:

Date:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR, MRS. SANDER R.A. COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).

Date:

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and showing the pet	rol company's \	VAT registratio	d VAT receipt(s) - i.e. a till receipt pronument and identify the amount po	e dating the first journey claimed, aid for fuel, ]	VAT RECEIPT ATTACHED	*Please delete as appropriat	
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Batch No:

21/11/08

Checked by:

M. MBERS' MILEAGE CLAIM FORM

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