

## MEMBERS MILEAGE CLAIM FORM

### ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO MEMBERS SERVICES BY THE 5TH OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: LFWARTERS  
 PAYROLL NUMBER: .....  
 FOR ALLOWANCES FOR THE MONTH OF: APRIL 2008

PERIOD COVERED BY CLAIM				REASON(S) FOR CLAIM		ALLOWANCES CLAIMED			
DATE	TIME (0)	TIME (0)	PLACE WHERE	DESCRIPTION OF APPROVED DUTY		TRAVEL ALLOWANCE CLAIMED		SUSPENSE CLAIMED	
						£	p	£	p
14/4/08	0915	1430	Englefield	CPRE		✓	50		
<b>SUB TOTAL</b>						✓	50		
<b>TOTALS CLAIMED</b>						✓	50		

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 or meals provided free of charge during period to which subsistence claim relates

Signature of Member:..... Date: 17/4/08

Authorised for Payment:	Date: <u>22/04/08</u>
Input by: _____	Checked by: _____
Date: _____	Batch No: _____

**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: LPHALLEN  
 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....  
 FOR ALLOWANCES FOR THE MONTH OF: MAY & JUNE 2008

PERIOD COVERED BY CLAIM		BY	REASON FOR CLAIM	TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DROPPED OFF (PERSONS)	DESCRIPTION OF APPROVED USE (Responsibility (as found on payslip) (if applicable))		
29/5/08	1730	2130	W/HA	LDF	4 £	P
4/6/08	1800	2230	Brook Barnet Rehearsal	TA	62	
10/6/08	0915	1330	Employed	CPRE	50	
24/6/08	1900	2130	W/HA	Run Louis	4	
25/6/08	1730	2130	W/HA	W/HA De Paul	4	
				<b>SUB TOTAL</b>	104	
				<b>TOTALS CLAIMED</b>	104	

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

Signature of Member:.....

Date: 25/6/08

Authorised for Payment:	Date: <u>26/06/08</u>
Input by:	Batch No:
Date:	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

28 JUL 2008

CLAIM BY COUNCILLOR: LFWARTER

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....

FOR ALLOWANCES FOR THE MONTH OF: JULY 2008

PERIOD COVERED BY CLAIM			PLACE WHERE CLAIM WAS MADE	REASON FOR CLAIM	MILEAGE CLAIMED	TOTAL ALLOWANCE CLAIMED	
DATE	TIME FROM	TIME TO				£	P
7/7/08	0930	1300	M1/A	Pool's King Spa morny	4		
10/7/08	0930	1230	Town Hall	Site mg Silver Firs Farm	4		
11/7/08	0915	1330	Ex/Leisure	CPME	50		
23/7/08	1600	2345	M1/A	M1/A for Panel	4		
24/7/08	1915	2030	M1/A	Run comm	4		
SUB TOTAL						66	
TOTALS CLAIMED						66	

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

NO\*

\*Please delete as appropriate

Signature of Member: .....

Date: 29/7/08

Authorised for Payment:	Date: <u>31/07/08</u>
Input by:	Date: <u>1</u>
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: LFWALTERS

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....

FOR ALLOWANCES FOR THE MONTH OF: pt July, August, Sept 200

PERIOD COVERED BY CLAIM			PLACE WHERE DUTY WAS PERFORMED	REASON(S) FOR CLAIM DESCRIPTION OF APPROVED DUTY (Please indicate if for council or council related duties)	TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO			PRIVATE CAR	PUBLIC TRANSPORT	
21/7/08	1830	2300	Windsor	Full Comi	✓	12	P
13/8/08	1730	2030	W11H	LDP	✓	4	
20/8/08	1730	2130	W11H	Plan Panel	✓	4	
18/9/08	1730	2130	W11H	LDP	✓	4	
18/9/08	0830	1000	W11H	LDP		4	
21/9/08	1130	1500	W11H	deputing for Mayor W11H Soed Ave	✓	4	
25/9/08	1930	2230	Windsor	" " TA Proctor Rd	✓	10	
29/9/08	1730	2030	W11H	Tom Cunn telw Members Briefing - Action Plan for H'head	✓	4	
					<b>SUB TOTAL</b>	48	
					<b>TOTALS CLAIMED</b>	48	

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 claim - 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

Signature of Member:.....

Date: 30/9/08

Authorised for Payment:	Date: <u>07/10/08</u>
Input by:	Date:
Batch No:	Checked by:
	Date:

**MEMBERS MILEAGE CLAIM FORM**

**ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD**

CLAIMS MUST BE FORWARDED TO MEMBERS SERVICES BY THE 5TH OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: LFWallen

PAYROLL NUMBER: .....

FOR ALLOWANCES FOR THE MONTH OF: October 2008

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			ALLOWANCES CLAIMED			
DATE	TIME FROM	TIME TO	PLACE WHERE	DESCRIPTION OF APPROVED DUTY	TRAVEL ALLOWANCE CLAIMED	SUBSISTENCE			
					MILEAGE	£	P	£	P
5/10/08	0800	1030	Windsor	Deputy Mayor Lamberkerrin Cortin	✓ 14				
6/10/08	0915	1330	Englefield	CARE	✓ 50				
15/10/08	1730	2130	Milton	Militia De Panel	✓ 4				
					<b>SUB TOTAL</b>	✓ 68			
					<b>TOTALS CLAIMED</b>	✓ 68			

AS

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 or meals provided free of charge during period to which subsistence claim relates

Signature of Member: .....

Date: 31/10/08

Authorised for Payment:	Date: <u>31/10/08</u>
Input by: _____	Checked by: _____
Date: _____	Batch No: _____

## 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: L F WALTERS

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....

FOR ALLOWANCES FOR THE MONTH OF: 1st November 2008

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM		TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY <small>(Please indicate officer arranging meeting if not Democratic Services)</small>	PRIVATE CAR <small>Mileage</small>	PUBLIC TRANSPORT <small>(Receipts must be attached)</small>	
3/11/08	0900	1330	Englefield	✓ CPRE		50 <sup>£</sup>	
10/11/08	1700	1945	✓ M11th	✓ Holyport Manor School		✓	
<b>SUB TOTAL</b>					✓	54	
<b>TOTALS CLAIMED</b>					✓	54	

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

/ NO\*  
\*Please delete as appropriate

Signature of Member: .....

Date: 17/11/08

For Office Use Only	
Authorised for Payment:	Date: <u>17/11/08</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: LF Walters  
 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) .....  
 FOR ALLOWANCES FOR THE MONTH OF: January 2009

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM		TRAVEL ALLOWANCE CLAIMED	
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY <small>(Please indicate officer arranging meeting if not Chairman)</small>	PRIVATE CAR	PUBLIC TRANSPORT <small>(Receipts must be attached)</small>
12.1.09	0900	1330	Exbury	CARE		50 <sup>£</sup> P
15.1.09	1730	2130	h. 16	LDF		4
<b>SUB TOTAL</b>						54
<b>TOTALS CLAIMED</b>						54

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... 29/1/09

Signature of Member:.....

<b>Authorised for Payment:</b>	Date: <u>30/01/09</u>
Input by: _____	Date: _____
Batch No: _____	Checked by: _____
	Date: _____



## MEMBERS MILEAGE CLAIM FORM

### ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO MEMBERS SERVICES BY THE 5TH OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: L PHARTER  
 PAYROLL NUMBER: .....

FOR ALLOWANCES FOR THE MONTH OF: February 2009

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM		ALLOWANCES CLAIMED				
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY <small>(Please indicate officer arranging meeting if not Members' Services)</small>	TRAVEL MILEAGE CLAIMED <small>(If by car)</small>	PUBLIC TRANSPORT CLAIMED <small>(By rail/air/road)</small>		SUBSISTENCE ALLOWANCE CLAIMED	
						£	p	£	p
4/2/09	1700	2400	W/H	W/H De Paul	✓ 4				
23/2/09	0900	1400	Ex/Leam	CPR	✓ 50				
24/2/09	1900	2230	W/H	Fun Comil	✓ 4				
<b>SUB TOTAL</b>					✓ 58				
<b>TOTALS CLAIMED</b>					✓ 58				

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 or meals provided free of charge during period to which subsistence claim relates

Signature of Member: ..... Date: 25/2/09

Authorised for Payment: _____		Date: <u>26/02/09</u>	
Input by: _____	Date: _____	Batch No: _____	Checked by: _____

**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: LFWALTERS  
 COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip).....  
 FOR ALLOWANCES FOR THE MONTH OF: March 2009

PERIOD COVERED BY CLAIM			PLACE WHERE DUTY WAS PERFORMED	REASON(S) FOR CLAIM DESCRIPTION OF APPROVED DUTY (Please indicate office arranging meeting if not a conference)	TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO			PRIVATE CAR	PUBLIC TRANSPORT (Receipts must be attached)	
18/3/09	1700	2300	LONDON	SERFCA - TA AGM ✓		66 <sup>£</sup>	P
<b>SUB TOTAL</b>					✓	66	
<b>TOTALS CLAIMED</b>					✓	66	

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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: 30/3/09

Signature of Member:.....

Authorised for Payment:	Date: <u>31/03/09</u>
Input by:	Batch No:
Date:	Checked by:
	Date: