

MEMBERS' INFORMATION AND COMPUTER TECHNOLOGY (ICT) ALLOWANCE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIM BY COUNCILLOR: Duncan McBride.....

ICT ALLOWANCES FOR THE MONTH OF: Oct 08

DATE OF PURCHASE	FULL DESCRIPTION OF ICT ITEM PURCHASED	AMOUNT CLAIMED		RECEIPTS ATTACHED																	
		£	p	YES	NO																
2/10/08	PRINTER INK	64	99	✓																	
25/2/09	PRINTER INK	69	99	✓																	
date <u>2/10/08</u> ID: _____ amt <u>£ 134.98</u> Inv No. _____ Due date <u>17/03</u> Text (30 chars incl spaces) <u>CLLR MCBRIDE - ICT</u>																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Acc code</th> <th style="width: 5%;">TC</th> <th style="width: 5%;">TS</th> <th style="width: 10%;">CostC</th> <th style="width: 10%;">Cat</th> <th style="width: 10%;">Cat</th> <th style="width: 10%;">Cat</th> <th style="width: 10%;">Net £</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">J26</td> <td style="text-align: center;">E2</td> <td></td> <td style="text-align: center;">MJ30</td> <td></td> <td></td> <td></td> <td style="text-align: center;">134.98</td> </tr> </tbody> </table>	Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £	J26	E2		MJ30				134.98				
Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £														
J26	E2		MJ30				134.98														
	Special instructions <u>ALL SHEETS MUST BE SCANNED</u> Contact name _____ Ext _____ Invoice _____ Supp _____ Gross _____																				
	TOTAL	134	98																		

PLEASE COMPLETE ONE LINE FOR EACH ITEM CLAIMED FOR AND SIGN BELOW AFTER READING THE DECLARATION.

***FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM**

I declare that I have actually and necessarily incurred expenditure on ICT equipment for the purposes of enabling me to perform approved duties as a Member of the Council and that I have actually made the payments shown

Signature of Member: _____

Date: 26/2/09

For Office Use Only		Date: <u>03/03/09</u>	
Democratic Services:	Authorised for Payment: _____	Batch No:	Checked by: _____
Payroll:	Input by: _____	Date: _____	Date: _____

