



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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 meeting

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>7.00</u>
To	<u>9.40</u>
Total hours	<u>3.10</u> <small>incl. travel</small> (Maximum 4 hours)

*Meeting duration 7.30 - 9.40 (2.10h) ✓
 + 1hr travel MAX = 3.10 hrs @ £5.73.
 = £18.15*

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..... 31/2/09

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..... 30.03.09

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>£18.15</u>				
	Authorised for payment: _____ Date: <u>31/03/09</u>				
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date:



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Raym

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Childcare for children under 18 years old for WDC 18/3/09

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<input type="checkbox"/>
Other (please specify)	<u>employee</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 18/03/09

TIME

From	<u>7.00</u>	Meeting duration <u>7.05 → 21.40 (2.35hr)</u> at claiming <u>2 1/2 hrs @ £5.73</u>
To	<u>9.30</u>	
Total hours	<u>2.5</u>	Total Amount claimed <u>£14.83</u>

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.

Signature of Member..... Date..... 22/3/09

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... over 22 yrs Date..... 30.3.09

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Bucks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:		Date <u>31/03/09</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date:

Document Title: Invoice for Members' Child Care & Dependents' Carers' Services
 Author: Julie Harford
 Creation Date: Jun 2006
 Version: 1.0.0



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Raynor ✓

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Child care for children less than 16 years old for Cultural Evening ✓

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<u>No</u>
Other (please specify)	<u>Employee</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 26/3/09 ✓

TIME

From	<u>7.00</u>
To	<u>10.00</u>
Total hours	<u>3</u>

Meeting duration 7.30 - 8.45 (1 1/4)
+ 1hr travel max = 2.15 hrs @ £5.73.

Total Amount claimed £12.89 ✓

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.

Signature of Member..... Date 26/3/09 ✓

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... 005 2045 Date 30.03.09 ✓

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorized for payment:		Date	<u>31/03/09</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

Form 1000 - The Royal Borough of Windsor & Maidenhead Child Care & Dependents' Carers' Services
 Author: Julie Hartford
 Original Date: Jan 2006
 Version: 1.01



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rogers ✓

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Child care for children less than 16 years old for Council Meeting ✓

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<u>—</u>
Other (please specify)	<u>employee</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 24/2/09

TIME

From	<u>7.00</u>	Meeting duration 7.30 - 11.15 c/cr claiming 2hrs @ £8.73
To	<u>10.00</u>	
Total hours	<u>3 hrs</u>	Total Amount claimed <u>£17.15</u>

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 Mem. of the Council and that I have actually paid the carer.

Signature of Member..... Date 24/2/09 ✓

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... over 2hrs Date 30.03.09 ✓

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY				
Members' Services:	Authorised for payment:		Date:	<u>31/03/09</u>
Payroll:	Input by:	Date:	Batch no.:	Checked by:

Developed by: Democratic Services, Windsor & Maidenhead Child Care & Dependents' Carers' Services
 Author: Julie Harford
 Creation Date: Jan 2006
 Version: 1.00



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
child care for children Am 15 year old for Cabinet meeting

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<u>No</u>
Other (please specify)	<u>Employee</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 12/2/09

TIME

From	<u>7.00</u>
To	<u>10.00</u>
Total hours	<u>3.00hrs</u>

Meeting duration 7.30-9.00 (1 1/2 hrs)
+ 1 hr travel MAX
= 2 1/2 hrs @ £5.73.

Total Amount claimed	<u>£14.33</u>
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I declare that I have actually and necessarily incur 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.

Signature of Member..... Date..... 26/2/09

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... ore 8249 Date..... 30.03.09

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members Services:	Input by:	Authorised for payment:	Date:	Batch no.:	Date: <u>31/03/09</u>
Payroll:		Date:	Checked by:		Date:

© 2009 The Royal Borough of Windsor and Maidenhead. All rights reserved.
 Author: Julie Hartford
 Creation Date: Jan 2009
 Version: 1.0.0

Invoice date **31/03/09** | Supp ID **N/A** | Gross amt **£99.77** | Due date **6/04**

Text (30 chars incl spaces) **CLR RAYNER CARER REIMB**

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net E
							99.77

Special Instructions **ALL PAGES MUST BE SCANNED**

Contact name _____ Ext No. _____

WINDSOR AND MAIDENHEAD

VOICE FOR DEPENDENTS' CARERS' SERVICES

... BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) **Rayner**

EMPLOYEE NUMBER. (as found on payslip) _____

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
*Child care for children less than 16 years for **4000*** ✓

NAME OF CARER _____ ✓

RELATIONSHIP TO COUNCILLOR

Immediate Family	No
Other (please specify)	Employee

DATE OF CARER SERVICE (DD/MM/YY) **24/09** ✓

TIME

From	6:30
To	10:30
Total hours	4

Meeting duration 7.05 - 10.00pm + 1hr travel max = 4hrs @ £5.73ph. ✓

Total Amount claimed **£22.92** ✓

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.

Signature of Member _____ Date **24/09** ✓

TO BE COMPLETED BY CAREE

I declare that I have supplied the services detailed above

Signature of Carer _____ ✓ *over 22yr.* Date **16/03/09** ✓

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Authorised for payment:	Date	31/03/09
Payroll:	Input by:	Date:	Batch no. / Checked by: / Date

Account Title Invoiced For: Members' Child Care & Dependent's Carer's Services.
 Author: John Harford
 Creation Date: Jan 2006
 Version: 1.0.0

invoice data 26/03/09 supp ID N/A gross amt £32.00 Due date 07/04

Text (30 chars incl spaces) CLL RAYNER - CARER REIMB

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
<u>J26</u>	<u>E2</u>		<u>MJ30</u>				<u>32.00</u>

WINDSOR AND MAIDENHEAD
INVOICE FOR
DEPENDENTS' CARERS' SERVICES

Special Instructions ALL PAGES MUST BE SCANNED Ext No.

ATED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Childcare for children less than 15 years for

NAME OF CARER.....

*Crim & Dependen
Forum!*

RELATIONSHIP TO COUNCILLOR

Immediate Family	<u>No</u>
Other (please specify)	<u>Employee</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 14/1/09

TIME

From	<u>6:30</u>	Meeting duration 7.00-8.50 (1.50 mins) + 1hr max travel = 2.50 hrs, 73 = £16.24
To	<u>9:20</u>	
Total hours	<u>3 hours</u>	Tot amount claimed <u>£16.24</u>

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.

Signature of Member..... Date..... 26/3/09

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... Date..... 26/03/09

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:	Date	<u>02/04/09</u>	Batch no.:	Checked by:
Payroll:	Input by:	Date:			Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayna ✓

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Childcare for children ~~Age~~ 18 years for Cabinet meeting ✓

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<u>No</u>
Other (please specify)	<u>Employee</u>

DATE OF CARER SERVICE (DD/MM/YY) 21/1/09

TIME

From	<u>7:00</u>
To	<u>9:45</u>
Total hours	<u>2:45</u>

Meeting duration 7.30-9.15 (1.45M)
+ 1hr travel max = 2.45M @ £5.73
= £15.76

Total Amount claimed £15.76 ✓

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.

Signature of Member..... Date..... 26/3/09 ✓

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... Date..... 26/03/09 ✓

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:		Date	<u>02/04/09</u>	
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date:

Invoice date 10/01/09 Supp ID - Gross amt £17.67

Inv No. N/A Due date 30/01

Text (30 chars incl spaces) CLLR RAYNER CARER REIMB

OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	EZ		MJ30				17.67

INVOICE FOR
MEMBER & DEPENDENTS' CARERS' SERVICES

COMPLETED BY COUNCILLOR

Special Instructions
Contact name

Please Print) Rayner

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:-

19th Cabinet

DATE OF CARER SERVICE (DD/MM/YY) 18/12/08

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>10.35</u>
Total hours	<u>3 1/2 hours</u>

meeting duration 19.30 - 21.35
incl travel = 3hrs 5mins @ £5.73ph.
= £17.67.
(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 10/1/09

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 14/01/09
Age of Carer (please tick) 18-21 yrs..... 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>17.67</u>		Date <u>21/01/09</u>		
Authorised for payment			Batch no.	Checked by:	Date
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date

Invoice date 10/01/09 | Supp ID N/A | Gross amt £ 21.01
 Inv No. N/A | Due Date 30/01

OF WINDSOR AND MAIDENHEAD

Text (30 chars incl spaces) CLAR RAYNER - CARERS REIMB

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
<u>126</u>	<u>E2</u>		<u>MJ30</u>				<u>21.01</u>

INVOICE FOR
 ME & DEPENDENTS' CARERS' SERVICES

PLETED BY COUNCILLOR

Special instructions Rayner
 Contact n° Rayner (base Print)

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:-
Full Council Meeting

DATE OF CARER SERVICE (DD/MM/YY) 11/12/08

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>22:40</u>
Total hours	<u>4 hrs</u>

meeting duration 19.30 - 22.10.
 incl travel = 3hrs 40m. @ £5.73 per hr
 = £21.01
 (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 10/1/09

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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 14/01/09
 Age of Carer (please tick) / 18-21 yrs..... 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>21.01</u>		Date <u>21/01/09</u>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date:

Invoice date 10/01/09 | supp ID N/A | amt £18.91 | Due Date 30/01

Text (30 chars incl spaces) CLR RAYNER CARER REIMB OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
<u>J26EZ</u>			<u>MJ30</u>				<u>18.91</u>

INVOICE FOR
CHILDREN & DEPENDENTS' CARERS' SERVICES

Special instructions LETED BY COUNCILLOR
Contact name _____ Ext No. _____

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

EMPLOYEE NUMBER. (as found on payslip)..... 800-325

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Cabinet

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	
Other (please specify)	<u>✓</u>

DATE OF CARER SERVICE (DD/MM/YY)..... 27/11/08

PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH OF THE APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO AND FROM THE APPROVED DUTY

TIME

From	<u>6.30</u>	_____	Total Amount claimed	£18.91
To	<u>22.18</u>			
Total hours	<u>1 hour</u>			

*meeting duration 19.30-21.48
incl travel = 3hrs 18m @ £5.73ph.*

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.

Signature of Member..... Date..... 10/1/09

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... Date..... 11/01/09
Over 22 years old

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
FOR OFFICE USE ONLY

Members' Services:	Authorised for payment:	Date	<u>21/01/09</u>
Payroll:	Input by:	Date:	Batch no.:
		Checked by:	Date

OLD FORM ACCEPTED

Invoice date 10/01/09 | ID | amt = 17.67
 Inv No. N/A | Due Date 30/01

Text (30 chars incl spaces) **CLLR RAYNER - CARER REIMB** H OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26EZ			MJ30				17.67

**INVOICE FOR
 RE & DEPENDENTS' CARERS' SERVICES**

COMPLETED BY COUNCILLOR

Special instructions | Contact name | Ext No.

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... **RAYNER**.....

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
 Windsor DC

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	
Other (please specify)	✓

DATE OF CARER SERVICE (DD/MM/YY) 26/11/08

PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH OF THE APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO AND FROM THE APPROVED DUTY

TIME

From	6.30	Meeting duration: 19.05 - 21.10 inc. travel = 3hrs SM @ £5.73 ph.
To	9.37	
Total hours	3 hours	Total Amount claimed £ 17.67

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.

Signature of Member..... Date..... 10/1/09

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... Date... 19/01/09
 Over 22 years old

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY

Members' Services:	Authorised for payment:	Date 21/01/09
Payroll:	Input by:	Date:
		Batch no. Checked by: Date

C.A FORM ACCEPTED

138

Invoice date 21/10/08 Supp ID N/A Gross amt £198-18 Due PAY Date: M/Med A/Car

OF WINDSOR AND MAIDENHEAD

Text (30 chars incl spaces) CUR RAYNER CARER REIMB

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	E2		MJ30				198-18

INVOICE FOR & DEPENDENTS' CARERS' SERVICES

LETED BY COUNCILLOR

Special Instructions Contact name Ext No.

(Print)..... Rayner

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) 22/5/08

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	7.00pm
To	4.00
Total hours	2

(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..... Colin Rayner Date..... 31/10/08

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

RECEIPT ATTACHED (please tick)	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date..... 31.10.08

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 £	1104		Date	22-11-08
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:- Council

DATE OF CARER SERVICE (DD/MM/YY) 24/6/08

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>7.00pm</u>	✓ (Maximum 4 hours)
To	<u>9.30</u>	
Total hours	<u>2.1/2</u>	

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..... 31/10/08

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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... 31.10.08

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>13.80</u>		Date <u>22-11-08</u>		
Authorised for payment					
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date





ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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>7.00</u>	(Maximum 4 hours)
To	<u>9.30</u>	
Total hours	<u>2.4</u>	

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..... 31/10/08

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... 31.10.08

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>11.04</u>		Date	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date





ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... *Colin Rayner*

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) *24/7/08*

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	<i>7.00</i>	✓
To	<i>11.00</i>	
Total hours	<i>4</i>	

(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..... *31/10/08*

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... *31.10.08*

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 £ <i>22.08</i>		Date <i>22.11.08</i>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner.....

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:- Crime and Disorder forum

DATE OF CARER SERVICE (DD/MM/YY) 2/7/08.....

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>6:30pm</u>	✓
To	<u>9:30</u>	
Total hours	<u>3</u>	

(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..... 31/10/08.....

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..... 31.10.08.....

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>16.56</u>				
	Authorised for payment		Date <u>22-11-08</u>		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... *Rayner*

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:- *Council*

DATE OF CARER SERVICE (DD/MM/YY) *29/7/08*

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	<i>7.00pm</i>	(Maximum 4 hours)
To	<i>4.15</i>	
Total hours	<i>2.15</i>	

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..... *31/10/08*

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... *31.10.08*

Age of Carer (please tick) 18-21 yrs..... 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 £ <i>12.42</i>		Date <i>22.10.08</i>		
Authorised for payment			Date		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:-
Windsor Development Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 6/8/08

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>	✓ (Maximum 4 hours)
To	<u>4.30</u>	
Total hours	<u>3</u>	

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..... 31/10/08

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

RECEIPT ATTACHED (please tick)	<input checked="" type="checkbox"/>	Yes	<input 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... 31.10.08

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>16.56</u>		Date <u>22-11-08</u>		
Authorised for payment					
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner.....

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) 26/8/08.....

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>	(Maximum 4 hours)
To	<u>8:30</u>	
Total hours	<u>2:30 1/2</u>	

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..... 31/10/08.....

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... 31.10.08.....

Age of Carer (please tick) 18-21 yrs..... 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>8.28</u>	Date	<u>22-11-08</u>	<input checked="" type="checkbox"/>
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner.....

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) 25/9/08.....

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	<u>7:00pm</u>	✓
To	<u>9:45</u>	
Total hours	<u>2:45</u>	

(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..... 31/10/08.....

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... 31.10.08.....
 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>15.18</u>		Date <u>22-11-08</u>		
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:- Full Council Meeting

DATE OF CARER SERVICE (DD/MM/YY) 23/9/09

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>7.00pm</u>	(Maximum 4 hours)
To	<u>10 10</u>	
Total hours	<u>3</u>	

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..... 31/10/08

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..... 31.10.08
 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>16-56</u>			
	Authorised for payment		Date	<u>22-11-08</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date





ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:-

..... Crime and Disorder Forum

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	<u>5.30pm</u>	(Maximum 4 hours)
To	<u>8.00</u>	
Total hours	<u>2.74</u>	

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..... 31/10/08

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... 31.10.08

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>12.42</u>		Date <u>22-10-08</u>		
Authorised for payment					
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date





ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

**INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES**

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:-
..... Windsor Development Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 29/10/08

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>6.30am</u>	(Maximum 4 hours)
To	<u>10.00</u>	
Total hours	<u>3 1/2</u>	

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..... 31/10/08

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... 31.10.08

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>19.52</u>		Date <u>21.10.08</u>		
Authorised for payment			Date		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input 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:-
Employment Panel

DATE OF CARER SERVICE (DD/MM/YY) *6/10/08*

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	<i>8.00 am</i>	(Maximum 4 hours)
To	<i>9.00 am</i>	
Total hours	<i>1 hr</i>	

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..... *31/10/08*

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... *31.10.08*

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 £ <i>5.73</i>		Date <i>22-11-08</i>		
Authorised for payment			Date		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

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:-
Windsor Development Control Panel

DATE OF CARER SERVICE (DD/MM/YY) 1/10/08

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 pm</u>	(Maximum 4 hours)
To	<u>4.00 pm</u>	
Total hours	<u>3</u>	

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..... 31/10/08

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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... 31.10.08

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>17.19</u>		Date <u>22.10.08</u>	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



Invoice date 30/05/08 Supp ID

Gross amt £34.96

Due date 16/05

Inv No. N/A

The Text (30 chars incl spaces) CARER RAYNER CARER REIMB

SOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
<u>J26E2</u>			<u>MJ30</u>				<u>34.96</u>

FOR DEPENDENTS' CARERS' SERVICES

Special instructions
Contact name

Ext No.

BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayna

EMPLOYEE NUMBER. (as found on payslip)..... 800825

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Cabinet Meeting

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	
Other (please specify)	<input checked="" type="checkbox"/>

DATE OF CARER SERVICE (DD/MM/YY)..... 22/5/08

TIME

From	<u>7.00</u>
To	11.00 <u>10.45</u>
Total hours	4.45 <u>3.45</u>

meeting duration 7.30 - 10.15
∴ 7.00 - 10.45 @ £5.52ph = £20.70
Total Amount claimed £20.70p

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.

Signature of Member..... Date..... 31/5/08

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer..... Date..... 30.05.2008

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Authorised for payment:		Date <u>04/06/08</u>	
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date

OLD FORM RECEIVED

Invoice date 21/04/08 Supp ID N.A. Service amt £50.78 Due date 12/05

800325

Text (90 chars incl spaces)
CLL RAYNER CARER REIMB.

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	EZ		MJ30				50.78

TOWN OF WINDSOR AND MAIDENHEAD
INVOICE FOR
RE & DEPENDENTS' CARERS' SERVICES

COMPLETED BY COUNCILLOR

Special instructions
 Contact name

Ext No.

NAME OF CARER..... Council (please Print)..... Ragna

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:-
Council

DATE OF CARER SERVICE (DD/MM/YY) 22/4/08

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>4.00 10.45pm</u>
Total hours	<u>4 hrs 3.45 hrs</u> (Maximum 4 hours)

*Meeting duration 7.30 - 10.15pm
 ∴ 7.00 - 10.45 @ £5.52 ph = £20.70*

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..... 29/4/08

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

RECEIPT ATTACHED (please tick)	Yes	No	<input checked="" 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..... 29/4/08

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>£20.70</u>		Date <u>01/05/08</u>		
Authorised for payment					
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date:



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Rayner

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	Yes
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:-
Maidenhead Development Central Punct

DATE OF CARER SERVICE (DD/MM/YY) 21/04/2008

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 pm</u>
To	<u>10.00 pm 10.00 pm 9.45</u>
Total hours	<u>2hr 20hrs</u>

*meeting duration 7.30 - 9.15 pm
∴ 7.00 - 9.45 pm @ £5.52 ph
= £15.18*

(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..... 29/4/08

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

RECEIPT ATTACHED (please tick)	Yes	No	X
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date..... 29/4/08

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>15.18</u>		Date <u>01/05/08</u>	
Authorised for payment				
Payroll:	Input by:	Date:	Batch no.:	Checked by:
				Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... CLLR RAYNER.....

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:-

Cabinet

DATE OF CARER SERVICE (DD/MM/YY) 29/4/08.....

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>11.00</u> 9.42
Total hours	<u>2hrs + 27 mins</u>

Meeting duration 7.30 - 9.12

(Maximum 4 hours) ∴ 7.00 - 9.42 @ £ 5.52 ph. = £14.90

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..... 29/4/08.....

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

RECEIPT ATTACHED (please tick)	Yes	No	K
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... ✓..... Date..... 29/4/08.....
 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>14.90</u>		Date <u>01/05/08</u>		
Authorised for payment			Date		
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

**INVOICE FOR
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES**

7.30 - 10.35

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Colin Rayner

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
..... Cabinet Meeting ✓

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	N/A
Other (please specify)	Employed Carer

PAYROLL
21 APR 2008

DATE OF CARER SERVICE (DD/MM/YY) 21/02/08

PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH OF THE APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO AND FROM THE APPROVED DUTY

TIME

From	<u>6.00</u> 7.00 ✓	meeting duration 7.30 - 10.35pm
To	<u>10.00</u> 11.00 ✓	
Total hours	<u>4 hours</u>	Total Amount claimed: XXXXXXXXXX

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.

Signature of Member..... ✓ Date... 12/4/08 ✓

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer... Date... 19 04 08

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:		Date <u>22/04/08</u>		
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

7.30 - 11.20

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Colin Rayner ✓

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:- Full Council Meeting ✓

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<input type="checkbox"/>
Other (please specify)	Employed Carer

PAID
23 APR 2008

DATE OF CARER SERVICE (DD/MM/YY) 26/2/08

PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH OF THE APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO AND FROM THE APPROVED DUTY

TIME

From	7.00 pm	meeting duration 7.30 - 11.20 pm
To	11.30 pm	
Total hours	4 1/2 hours	Total Amount claimed: [REDACTED]

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.

Signature of Member..... Date..... 12/4/08 ✓

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above

Signature of Carer.. Date... 19.04.2008

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:	Date	22/04/08	Batch no.:	Checked by:
Payroll:	Input by:	Date:			Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

7.30-10.45

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print)..... Colin Rayner

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Cabinet meeting

NAME OF CARER.....

RELATIONSHIP TO COUNCILLOR

Immediate Family	<input type="checkbox"/>
Other (please specify)	<u>Employed Carer</u>



DATE OF CARER SERVICE (DD/MM/YY) 27/03/08

PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH OF THE APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO AND FROM THE APPROVED DUTY

TIME			
From	<u>7.00pm</u>		<u>meeting duration 7.30-10.45pm</u>
To	<u>11.30pm 11.15pm</u>		
Total hours	<u>4 1/2 hours 4 1/4 hrs</u>	Total Amount claimed	<u>[REDACTED]</u>

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.

Signature of Member..... Colin M Rayner Date..... 12/4/08

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above
 Signature of Carer..... Date..... 19.04.2008

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Authorised for payment:	Date	<u>22/04/08</u>		
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date