

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

INVOICE SUBMIT	ITTED BY COUNCILLOR (Please Print).	
NAME OF CARE		7
CATEGORY OF	CARE PROVIDED (please tick)	
	for children aged 15 or less	元)
ł L	idents on social/medical grounds i.e. elderly parents or disabled	<u>~</u>
children/sibling	gs who are dependent upon a Member	
APPROVED DUTY	Y THAT CARER SERVICE RELATES TO.	
DATE OF CARER	R SERVICE (DD/MM/YY) 26/3/01	
	THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE	***
	PPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A ONE BOUR PER CLAIM.	
TIME	7-00 Heating duration 7-30 - 9.4 + In house max = 3.10	D (2.10H)
From	7-00 1 1 - write 0 Hav - 3.10	min a # 5.73
To		
Total hours	3, 10 trough (Maximum 4 hours) = £ 18	1.15
enabling me to perfe earer. I declare that	e actually and necessarily incurred expenditure on caser services for the particular approved duties as a Member of the Council and that I have actually to the carer is 18 years of age or over and not an immediate member of my the who has provided the care.	paid the
Signature of Membe	Date 3/15/es	•••••
	OVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.	
RECEIPT ATTACE	FED (please tick) Yes No	THE PARTY OF THE P
	TO BE COMPLETED BY CARER	
I declare that I have	e supplied the services detailed above.	_
Signature of Carer Age of Carer (please	pe tikky 18-21 yrs. 22 yrs & over.	
Please return this for	rm to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks	SL6 1RF
	FOR OFFICE USE ONLY	
Members' Services:	Total Amount Claimed & S. S. Authorised for payment	
PayroB: Imput by		4



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

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

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Author: Julie Harford Creation Date: Jan 2006 Version 1.0.0



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

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY C	OUNCILLOR (Please Print)	Rayna	
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EMPLOYEE NUMBER. (as fo	und on paysup)			
APPROVED DUTY THAT CA	RER SERVIC	E RELATES TO	for Calinil mee	iling .
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NAME OF CAREK				į
RELATIONSHIP TO COUNC	CILLOR			
Immediate Family		No.		
Other (please specify)		Employee		
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I declare that I have supplied	the services det	ailed above 📑		i
Signature of Carer			Date . \$6/03/	109
Please return this form to: Den	nocratic Service	s, Town Hall, St	Ives Road, Maiden	head, Berks SL6 1RF
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Author: Julie Harford Creation Date: Jan 2006 Version 1.0.0

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Document Title: Invoice For Members' Child Care & Dependents' Carers' Services. Author: Julie Harford

Creation Date: Jan 2006

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Version 1.0.0

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RE & DEPENDENTS' CARERS' SERVICES

INVOICE FOR

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

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	PLI QU MA TIM I de ena care pers Sig FAI	ALIXIM TE From Tota clare blinger. I con re natur ILUE	E NOTI FYING IUM OF The that I have to proceed the testing of the that I have	ave actually berform apphat the care with me when the care with the care with me when the care with me when the care with the care wit	COpmoo y and no proved of er is 18 no has p Corrected Corrected TO ed the se	ecessar duties a years o rovided by the best of the be	IS PAYAND CANAIM. (Maximulatily incurs a Memoral the care) A DESU Yes OMPL detailed	am 4 hours) The description of the purpose of the council and that I have actually paid the over and not an immediate member of my family or e. Date 31/10/ es. Let in non-payment of the Claim. No ETED BY CARER above.
	PLI QU MA TIM I de ena care pers Sig FAI	ALIXIM TE From Tota clare blinger. I con re natur ILUE	E NOTI FYING IUM OF The that I have to proceed the testing of the that I have	ave actually berform apphat the care with me when the care with the care with me when the care with	COpmoo y and no proved of er is 18 no has p Corrected Corrected TO ed the se	ecessar duties a years o rovided by the best of the be	IS PAYAND CANAIM. (Maximulatily incurs a Memoral the care) A DESU Yes OMPL detailed	ABLE FOR THE LENGTH OF THE INCLUDE TRAVEL TIME UP TO A am 4 hours) red expenditure on carer services for the purpose of the rot the Council and that I have actually paid the over and not an immediate member of my family or e. Date 31/10/AS. ELT IN NON-PAYMENT OF THE CLAIM. No ETED BY CARER

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

Members' S	ervices:	Total Amount Claime	d £ N-24		
		Authorised for payme	·	Date 2	2-11-08
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

TO BE COMPLETED BY COUNCILLOR

<u> </u>		<u> </u>	
INVOICE SUBMIT	TED BY COUNCIL	LLOR (Please Print) Rayner	
NAME OF CARER	• • • •		
CATEGORY OF CA	ARE PROVIDED (t	please tick)	=
Childcare i.e. fo	or children aged 15 c	or less	V
Care for depende	ents on social/medic	cal grounds i.e. elderly parents or disabled	
children/siblings	who are dependent	t upon a Member	
	***************	ERVICE RELATES TO:- Council	
DATE OF CARER	SERVICE (DD/MM	MYY) 24/6/08	
PLEASE NOTE, T	THE ALLOWANCE PROVED DUTY A	E IS PAYABLE FOR THE LENGTH OF THE AND CAN INCLUDE TRAVEL TIME UP TO	A
TIME		_	
From	7.00pm		
То	9.30		
Total hours	21/2	(Maximum 4 hours)	
enabling me to perfecter. I declare that person residing with Signature of Members.	orm approved duties the carer is 18 years in me who has provider	البيالية	lly paid the ny family or
	TO BE	COMPLETED BY CARER	
I declare that I have	supplied the servic	ses detailed above.	
Signature of Carer.	,	Date 31, 10, 02	
Age of Carer (pleas	se tick) 18-21 yr:	22yrs & over	
Please return this for		ervices, Town Hall, St Ives Road, Maidenhead, Be	erks SL6 1RF

13-80

Batch no.

71-11-25

Date

Date

Checked by:

Total Amount Claimed £

Date:

Authorised for payment

Members' Services:

Input by:

Payroll:

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	-
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:-	*****
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 MAXIMUM OF ONE HOUR PER CLAIM.	A
TIME	
From 7 - 00	
To q:30 /	
Total hours 2 42 (Maximum 4 hours)	
I declare that I have actually and necessarily incurred expenditure on carer services for the enabling me to perform approved duties as a Member of the Council and that I have actual carer. I declare that the carer is 18 years of age or over and not an immediate member of a person residing with me who has provided the care. Signature of Member. Date.	ally paid the my family or
FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLA	IM.
RECEIPT ATTACHED (please tick) Yes No	
TO BE COMPLETED BY CARER	
I declare that I have supplied the services detailed above.	
Signature of Carer	
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, B	erks SL6 1RF
FOR OFFICE USE ONLY	
Manham' Saminase Total Amount Claimed f W. G.L.	1

Batch no.

Date Checked by:

Date

Authorised for payment

Date:

Input by:

Payroll:



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

INVOICE SU	BMITT	ED BY COU	INCILLOR (I	Please Print)	Co	lin Rayi	nc-	
NAME OF C	ARER			·*************************************				
Childear Care for o	e i.e. for lepender	children age ats on social/		nds i.e. elderly j	parent	ts or disabled		レ
				RELATES TO):- (Cabinet		
DATE OF C. PLEASE NO QUALIFYII	ARER S OTE, TH NG APP	ERVICE (DE HE ALLOW PROVED DE	ANCE IS PA	24/7 YABLE FOR AN INCLUDE	THE	LENGTH (\
TIME								
From		7.00						
То		1,00						
Total hou	ırs	4_	(Maxi	mum 4 hours)				
enabling me carer. I decla person residi Signature of	to perfor re that th ng with the Member	m approved ne carer is 18 me who has	duties as a Magnetic street, and the control of the	curred expendit ember of the Co or over and not care	ouncil an in	l and that I han nmediate men Date	ive actual nber of m عرابا اوع	ly paid the ly family or
		ED (please tic			lo		ie com	, , , , , , , , , , , , , , , , , , ,
		TO	BE COMI	PLETED BY	CA	RER		
I declare that	I have s	supplied the	services detail	led above.				
Signature of Age of Care		tick) 18	-21yrs		Da s & o	te 6/./0	, op	
Please return	this form		FOR OFFICE	Town Hall, St	Ives F	Road, Maiden	head, Be	rks SL6 1RF
Members' Ser	vices:	Total Amoun		72-08		Deta 7	رکت - ۱۷ - نک	•
Payroll:	Input by:	Authorised fo	Date:	Batch no.	Chec	Date 2:	Date	•
				•				

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SUBMIT	TED BY COU	NCILLOR (F	lease Print)	Ra	yner		
NAME OF CARER.	,	/					i
CATEGORY OF CA			ck)				
1	_		4-:14-4-		to on disabled	+	
Care for depende children/siblings				paren	us or disabled		
APPROVED DUTY					rime and	Dworde	r forum
DATE OF CARER	SERVICE (DI)/MM/YY)	2/7/	08			ļ
PLEASE NOTE, T QUALIFYING AP MAXIMUM OF O	HE ALLOW. PROVED DU	ANCE IS PA ITY AND CA	YABLE FOR	THE	LENGTH O		
TIME							
From	6-30pn						
То	9:30						
Total hours	3	(Maxii	mum 4 hours)				
I declare that I have enabling me to perfo carer. I declare that person residing with	orm approved of the carer is 18 in me who has p	duties as a Me years of age or provided the c	ember of the Corrover and not are.	ounci t an in	l and that I ha	ve actuall nber of m	ly paid the
Signature of Member							,
FAILURE TO PRO	VIDE RECEIP	ZEMAY RES	SULT IN NON		MENT OF TH	IE CLAIN	Л.
RECEIPT ATTACH	IED (please tick	() Ye	<u>s </u>	√o			
	TO	BE COMP	LETED BY	CA	RER		
I declare that I have					- <u></u>		
		,01 / 1000 1101111		_	te 31.10	Ob	
Signature of Carer Age of Carer (please							
Age of Carer (pleas	etick) 18-	·21 yrs	22y	15 & 0			
Please return this for	m to: Democra			Ives I	Road, Maiden	head, Ber	ks SL6 1RF
Manufacti Comitee	Total Amount	FOR OFFICE			T	<u></u>	
Members' Services:	Total Amount Authorised for		16.56		Date 22	·1 - 28	一 /
Payroll: Input by		Date:	Batch no.	Chec	ked by:	Date	

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SUBMITTED BY COUNCILLOR (Please Print)
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:- Council
DATE OF CARER SERVICE (DD/MM/YY)
Time To 4.15 Total hours 2.15 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 31/10/08 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 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 £ 12 2 2 2 2 4 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

INVOICE SUBMITTED BY COUNCILLOR (Please Print)
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:- Windsor Dewlopment 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 6.30
To 430
Total hours 3 (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
TO BE COMPLETED BY CARER
I declare that I have supplied the services detailed above. Signature of Carer
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 £ 16.56
Authorised for payment Date 22-11-8
Payroll: Input by: Date: Batch no. Checked by: Date

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVO	DICE SU	BMIT	red by cou	NCILLOR (P	lease Print)	R	ayner	• • • • • • • • • • • • • • • • • • • •	,
NAM	E OF C	ARER.			,		•		
CATE	EGORY Childcare	OF CA	ARE PROVID r children ageo	ED (please tid d 15 or less	ek)				
ch	hildren/s	siblings	who are depe	ndent upon a l					
APPF	ROVED	DUTY	THAT CAR	ER SERVICE	RELATES TO	Čab	inet		
					26/8/08	•••••	•••••		:
PLEA QUA	ASE NO	TE, T	HE ALLOW	ANCE IS PA	YABLE FOR AN INCLUDE	THE	LENGTH O VEL TIME I	F THE UP TO A	
TIME									
	rom		7:00						
T			8 30		4.1				
	otal hou	ırs	2:30 11	(Maxii	num 4 hours)				
enabl carer perso	ling me . I decla on residi	to perforce that the second the s	orm approved the carer is 18 me who has p	duties as a Me years of age of provided the c		ouncil an im	and that I have mediate mem	ve actuall iber of m	ly paid the y family or
Signa	ature of	Membe	er		***********	• • • •	Date	3111010	.
			VIDE RECEIL ED (please tick		SULT IN NON- s N		MENT OF TH	E CLAIN	1.
<u> </u>			TO	BE COMP	LETED BY	CA	RER		
I dec	lare that	t I have		services detail					
						Dat	te. 31.10	OP	
Age	of Care	carer	e tick) 18-	 -21yrs	22yr				••••
5-		<u> </u>	· · · · · · · · · · · · · · · · · · ·				<u>,</u>	- 11	 y
Please	e return	this for	m to: Democra	atic Services, FOR OFFICE	Town Hall, St	Ives F	Road, Maidenl	head, Ber	ks SL6 1RF
Mem	bers' Serv	vices:	Total Amount	Claimed £	8·28				\Box /
		fame t	Authorised for		Batch no.	Chas	Date 21 - ked by:	Date	
Payro	011:	Input by	/: 	Date:	Daten no.	CHEC		Daic	

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SUB	MITTED I	BY COUNCII	LOR (P	lease Print)	R	ayner		
NAME OF CAR	ER							
Care for dep	e. for child endents or	iren aged 15 c	r less al groun	ds i.e. elderly	parent	ts or disable	d	<u></u>
APPROVED D	J TY THA	T CARER SE	RVICE	RELATES TO	O:- ,	abinet		
1	ER SERV	TICE (DD/MM	 I/YY)	2s/4	108		OF THE	
QUALIFYING MAXIMUM O	APPRO	VED DUTY A	ND CA	AN INCLUDE	TRA	VEL TIMI	E UP TO A	4
TIME								
From		7-00pm						
То	(45	, –					
Total hours	,	2:45	(Maxir	num 4 hours)				
I declare that I lenabling me to carer. I declare person residing	perform are that the cat with me v	oproved duties rer is 18 years who has provid	as a Me of age o	ember of the C or over and no	council t an in	l and that I h imediate me	nave actual	ly paid the ny family or
FAILURE TO I			AY RES		-PAYI No	MENT OF T	THE CLAI	м.
RECEIPT ATT	чснер (р	nease tick)	16	S	NO 1			
		TO DE	~~~~	T COURT DE	7 (7) 4	DED		
·				LETED BY	(CA	REK		
I declare that I	ave suppl	lied the service	es detaile	ed above.			_	
Signature of Ca	rer	•			Da	te31,10). 08	
Age of Carer (p	lease tičk)	y 18-21yrs	3 <i></i>	22y	rs & o	ver		
L		1			·	- 	1 1	
Please return this	form to:			Town Hall, St	Ives I	Road, Maide	enhead, Be	rks SL6 1RF
Members' Service	s: Tota	al Amount Claim		15 18				
		horised for paym	ent			1540	2 \(- :> \g	
Payroll: In	ut by:	Date:	1	Batch no.	Chec	ked by:	Date	

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SU	J BMIT T	ED BY COU	JNCILLOR (P	lease Print)	R	yner		
NAME OF C	ARER	••••				·		
Childcar	e i.e. for	children age						~
			medical groun ndent upon a l	ds i.e. elderly p Member	oarent	s or disabled		
APPROVED	DUTY	THAT CARI	ER SERVICE	RELATES TO):- 5 .	ll Coural	meel	rina
DATE OF C	ARER S	ERVICE (DI	D/MM/YY)	23/9/00	1			9
QUALIFYI	NG APP	PROVED DU	ANCE IS PA JTY AND CA ER CLAIM.	YABLE FOR IN INCLUDE	THE TRA	LENGTH O	F THE JP TO A	
TIME								
From		7.00p	Pt					
То		10 10						
Total hou	ırs	3	(Maxir	num 4 hours)				
enabling me carer. I decla person residi	to perforure that the ling with the line with line w	rm approved he carer is 18 me who has	duties as a Me years of age of provided the co		ouncil an im	and that I hav mediate mem	ve actual ber of m	ly paid the
Signature of	Member	r			• • • •	Date3	iliolog	
FAILURE T	o prov	IDE RECEU	PTS MAY RES	SULT IN NON-	PAYN	MENT OF TH	E CLAII	M.
		ED (please ticl						
		TO	BE COMP	LETED BY	CA	RER		
I declare tha	t I have s	supplied the	services detaile	ed above.				:
Signature of Age of Care						te31.19., ver	.08	•••••
	•		,		, -	-, -/		
Please return	this forn	n to: Democr		Town Hall, St	Ives R	Road, Maidenl	nead, Be	rks SL6 1RF
Members' Ser	vices:	Total Amount	FOR OFFICE t Claimed £	16-56				
THUMOUS SOI		Authorised fo				17410	· · · - >8	
Payroll:	Input by:	:	Date:	Batch no.	Checl	ked by:	Date	

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

	10 10	E COMI LETED DI COCNCILLOR	
INVOICE SUBMI	ITED BY COUNCIL	LLOR (Please Print)	•••••
NAME OF CARE			
CATEGORY OF C	CARE PROVIDED (1	please tick)	
Childcare i.e. f	or children aged 15 o	or less	V
	dents on social/medic ss who are dependent	cal grounds i.e. elderly parents or disabled upon a Member	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Crime and	ERVICE RELATES TO:- Discrete Forum	
DATE OF CARER	SERVICE (DD/MM	MYY)	
QUALIFYING A	THE ALLOWANC PPROVED DUTY A ONE HOUR PER C	E IS PAYABLE FOR THE LENGTH OF THE AND CAN INCLUDE TRAVEL TIME UP TO A LAIM.	A
From	5-30pm] /	
То	\$ 30pm		
Total hours	2-1/4	(Maximum 4 hours)	
enabling me to per carer. I declare that	form approved duties t the carer is 18 years th me who has provide	sarily incurred expenditure on carer services for the sas a Member of the Council and that I have actual sof age or over and not an immediate member of mediate the care. Date	lly paid the 1y family or
FAILURE TO PRO	OVIDE RECEIPTS M	1AY RESULT IN NON-PAYMENT OF THE CLAI	М.
RECEIPT ATTAC		Yes No	
<u></u>	TO BE	COMPLETED BY CARER	
I declare that I hav	e supplied the servic	es detailed above.	
Signature of Carer Age of Carer (plea		Date3/0.8s	, . ,
Please return this fo		ervices, Town Hall, St Ives Road, Maidenhead, Be	rks SL6 1RF
Members' Services:	Total Amount Claim	ned £ \2-42	
	Authorised for paym	nent Date 71>8	
Payroll: Input l	hv: Date:	Batch no. Checked by: Date	ı



Payroll:

Input by:

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMIT	TED BY COUNCI	LLOR (Please Print)	Rayner	
NAME OF CARER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CATEGORY OF CA				 -
	r children aged 15			V
	ents on social/medi who are dependen	cal grounds i.e. elderly part t upon a Member	ents or disabled	
APPROVED DUTY	THAT CARER S	ERVICE RELATES TO:-	Control Panal	
DATE OF CARER	SERVICE (DD/M!	M/YY) 29/10/0	<u> </u>	
PLEASE NOTE, T QUALIFYING AP MAXIMUM OF O TIME	PROVED DUTY	CE IS PAYABLE FOR TH AND CAN INCLUDE TH CLAIM.	HE LENGTH OF THE RAVEL TIME UP TO	Z A
From	6.30am	٦		
To		-		
	10.00	(Maximum 4 hours)		
Total hours	31/2			
enabling me to perfecter. I declare that person residing with Signature of Members.	orm approved dutienthe carer is 18 years are who has provied the wholes with t		Date3	ally paid the my family or
	TO BE	COMPLETED BY C	ARER	
I declare that I have	supplied the service			
Signature of Carer. Age of Carer (pleas	and the second s	1 rs 22yrs &	Date 3/ 10,09	******
		······································	, , , , , , , , , , , , , , , , , , , 	
Please return this for		Services, Town Hall, St Ive	s Road, Maidenhead, B	erks SL6 1RF
Members' Services:	Total Amount Clair			
	Authorised for payr		Date 21-1-08	

Batch no.

Date:

Checked by:

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

TO BE COMPLETED BY COUNCILLOR

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
Childcare i.e. for children aged 15 or less Care for dependents on social/medical grounds i.e. elderly parents or disabled
Care for dependents on social/medical grounds i.e. elderly parents or disabled
APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Cmpley men
DATE OF CARER SERVICE (DD/MM/YY) 6/16/08
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 B.00 am
To 9.80 am
Total hours (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
TO DE COLED DV CADED
TO BE COMPLETED BY CARER
I declare that I have supplied the services detailed above.
Signature of Carer Date31 10-08
Age of Carer (please tick) 18-21yrs 22yrs & over

FOR OFFICE USE ONLY

Members' Services: Total Amount Claimed £ 5 3 | Date 21 - - - 3 5 |

Payroll: Input by: Date: Batch no. Checked by: Date

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SU	JBMITT	ED BY CO	UNCILLOR (P	lease Print)	Ray	ner		
NAME OF C	ARER		· ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			DED (please ticed 15 or less	:k)				V
Care for children/	depender siblings v	nts on social/ who are depe	medical groun endent upon a l	ds i.e. elderly p Member	parent	s or disabled		
				toor Develop	استسر	~ Control	Pan J	
DATE OF C	ARER S	ERVICE (D	D/MM/YY)	1 10 08	<u>}</u>	•••••		
PLEASE NO QUALIFYE	OTE, TH NG APP	IE ALLOW ROVED D	ANCE IS PAUTY AND CAPER CLAIM.	YABLE FOR	THE	LENGTH O VEL TIME	OF THE UP TO A	k
TIME								
From		6·30p	_					
То		4 000	m					
Total hor	ırs	3 '	(Maxir	mum 4 hours)				
enabling me carer. I decla	to perfor re that th	m approved ne carer is 18	necessarily inc duties as a Me years of age of provided the c	ember of the Co or over and not	ouncil	and that I ha mediate men	ve actual aber of m	ly paid the y family or
Signature of	Member	·				Date	31/10/0	<u>\$</u>
FAILURE T	O PROV	IDE RECEI	PTSMAY RES			MENT OF TH	IE CLAIN	И.
RECEIPT A	TTACHE	ED (please tic	k) Ye	s N	lo			
		TC	BE COMP	LETED BY	CA	RER		
I declare tha	t I have s	supplied the	services detail	ed above.				
Signature of Age of Care			3-21 yrs			te31., 10 ver	UP	
				•	 .		17	,
Please return	this <u>form</u>	to: Democr	ratic Services, FOR OFFICE	Town Hall, St	Ives F	Road, Maiden	head, Bei	rks SL6 1RF
Members' Ser	vices:	Total Amoun	t Claimed £	17.19			<u>-</u>	
Dormall.	Innie L.	Authorised for	or payment Date:	Batch no.	Chec	Date 22- ked by:	Date	\/
Payroll:	Input by:		Date.	Datell IIO.	CHEC		Date	

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<u></u>					BE CC			BY	CAR	ER			. —
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1									Date	ئ .	30,0	5- 2008	•••
1	Signature of							 					1_
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Γ							UȘE ONI			Date	OU 1	20/08	
	Members' Ser	vices		horised f	or payment Date:	<u>-</u>	Batch no.	. •	Check	ed by:		Date	
—	Payroll:	Inpu	nt by:		Date.	ì			1		_		

Document Title: invoice For Members' Child Care & Dependents' Carers' Services.

Author: Julie Harford

Creation Date: Jan 2006

Version 1.0.0

Windsor & Maidenhead

only form according

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITT	ED BY COUNCI	LLOR (Please	Print)	Rayne	; pr		
EMPLOYEE NUMBI	ER. (as found on j	payslip)			,	······································	
APPROVED DUTY	THAT CARER S		ATES TO	: -	<i></i>		
NAME OF CARER		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
RELATIONSHIP TO Immediate Famili Other (please spec	у						
DATE OF CARER S	ERVICE (DD/MI	M/YY)	14/5/08			2.26	
TIME	·	#	cooking .	duraki	n 7.0	0-8.35 5.52ph =	PTG
From	3-00 6.	30pH	6.30	3 - 9.05	< হা ₹	5,52ph =	£4.40.
To	10-30 9.0	13/104					
Total hours	3.15 2hrs	35 Total	Amount cl	aimed £	14.26	<u>, </u>	į
l declare that I have a enabling me to performance. Signature of Membe	rm approved dutie	es as a Memb	er of the Co	Juncii anu	er service that I hav	o actually pair	se of i the
	TO BE	COMPLE	TED BY	CARE	R	 ,	
I declare that I have	supplied the serv	ices detailed a	above				
Signature of Carer		*****		Date	30.05	5 2008	
Please return this for	m to: Democratic	Services, Tov	wn Hall, St	lves Road	, Maiden	head, Berks SI	L6 1RF
		OR OFFICE US	E ONLY		- A.(80/00	
Members' Services: Payroll: Input by	Authorised for pay		itch no.	Checked b		Date	

Document Title: Invoice For Members' Child Care & Dependents' Carers' Services.

Author: Julie Harford Creation Date: Jan 2006 Version 3.0.0

Invoice	ماء	ومال	Supp		amt	£ 5	0.78	80325
date •	2([0	4100	N.A.			Due	12/05	200 872
No. Text (30	chers I	ncl spac	06)				_ •	H OF WINDSOR AND MAIDENHEAD
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Acc	тс	TS	CostC	Cart	Cat	Cat	Net £	INVOICE FOR
126	EZ		MJ30	l 			50,78	RE & DEPENDENTS' CARERS' SERVICES
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	10	Chi	Idoore i	e. for child	ren ageo	1150	r less	
		CIII	ilucare 1.0				1	1. La aldedy posents or disabled
		Care	e for dep	endents or	social/i	medic	an grom	nds i.e. elderly parents or disabled
		chile	dren/sibl	ings who a	re depe	ndent	upon a	Member
	A1	DDD ∩	VED DI	TTV THA	T CARE	ER SE	ERVICE	RELATES TO:-
	A	FFRU	V ED D	J1 1 1112 1	C	oung	al.	
						• • • • • • • •		27/4/05
	D.	ATE (OF CAR	ER SERV	ICE (DI	D/MN	4/YY)	22/4/08
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	Y	UAL.	итим о	F ONE H	OUR P	ER C	LAIM.	
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	T	ME						eating duration 7.30 - 10.18 pt
		Fro	m	7	.00]	, 70 - 14 45 @ Es. 52 ph = £20. 70
	ļ	To		J.	15°0 10	5.456	en i	, 4.00
		Tot	al hours	4	-bF3 3	وکین ۔	Max	imum 4 hours)
							_	
	I	declar	re that I h	nave actua	lly and r	neces:	sarily in	curred expenditure on carer services for the purpose of
		1-1:		namfarm as	havora	dutie	e ae a M	lember of the Council and that I have actually paid the
	CE	arer. I	declare	that the ca	rer is 18	year	s of age	or over and not an immediate member of my family or
	P	erson	residing	with me v	vho has j	provi	ded the	care.
		• 4-	61 <i>K</i>	ember				Date 24/4/08
	- 1	-						
	F	AILU	RE TO I	PROVIDE	RECEL	PTS N	MAY RI	SULT IN NON-PAYMENT OF THE CLAIM.
		RECE	IPT ATT	ACHED (p	lease tic	k)	<u>Y</u>	es No X
	<u> </u>				TO	BE	COM	PLETED BY CARER
	Γ_						1 .	1 1 1
	I	decla	re that I	have supp	nea the	servi	ces deta	iled above.
	9	ianat	ure of Ca	arer			• • • •	Date
				olease tick	λ 18	3-21yı	rs	
		18¢ 02	ourer d					Date 29/4/03 22yrs & over.
				•				
	Pl	ease 1	eturn thi	s form to:	Democi	ratic S	Services	, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
						FC	R OFFIC	E USE ONLY
	N	Membe	rs' Servic		al Amoun			0.76 Date 01 05 08
	L			nut by:	horised fo	Date:	THE PLANT	Batch no. Checked by: Date



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

Maidenhead _		TO	BE COM	LETED BY	COUNCILLA		
INVOICE SUI	BMITTE	D BY COUN	CILLOR (Ple	ase Print)	•yne-		
NAME OF CA	RER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************			
CATEGORY	OF CAR	E PROVIDE	D (please tick	<u>) </u>	<u> </u>	Y	$\supset \nearrow$
Childcare	i.e. for c	hildren aged	15 or less		1. 1.1.1		
children/si	blings w	ho are depend	dent upon a M	lemoer	rents or disabled		
Į.	LV.	aidenhead	Describi	RELATES TO:	******************	<u> </u>	
DATE OF CA	RER SE	RVICE (DD	/ MM/YY)	21/04/2	2008		
			NAME TO DAY	ZADRIN MEDIK I	HE LENGIN V	FTHE	ļ
LOUAL IEVIN	IG APPI	SOAED DA:	IY AND CA	N INCLUDE 1	RAVEL TIME	OF IOA	1
MAXIMUM	OF ON	E HOUR PE	K L L Alivi.				
TIME				eating dura	hàn 7.30-9 2.45pm @f	. 13piq	
From		7.00pm	<u> </u>	2. 7.00 - 4	.45pm (a) #	5-52 ph	ţ
To		10:00 pm	10.00 1 9.45	_	= €15	5, 18	
Total hou	irs 2h	2 865	(Maxin	num 4 hours)]
enabling me	to performers that the	m approved o e carer is 18	ecessarily inco luties as a Me years of age o provided the c	or over and not	re on carer servic uncil and that I ha an immediate men	mber of my	rpose of paid the family or
1 -					Date	29/4/08	,
FAILURE T	o PROV	IDE RECEIP D (please tick	TS MAY RE	SULT IN NON-	PAYMENT OF T	HE CLAIM.	•
	<u> </u>	TO	BE COM	LETED BY	CARER		
T dealers the	+ I have s		services detail				
,			•		Date29	4/06	
Signature of Age of Care	f Carer er (please	tick) 18	-21 yrs	22уг	s & over		
				 -	-		en CI & IDE
Please return	this form	n to: Democr	atic Services, FOR OFFIC	Town Hall, St EUSE ONLY	Ives Road, Maide	nnead, Beri	LS SLO IKT
Members' Se	rvices:		t Claimed £ /	5.18	Date 61	05 08.	
Payroll:	Input by	Authorised fo	or payment Date:	Batch no.	Checked by:	Date	
1 -	1	I		1			



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

INVOICE SUI	BMITTED BY COU	NCILLOR (Ple	ase Print)	CLLR RAY	NER	
NAME OF CA		*******				
Childcare	OF CARE PROVID	d 15 or less			V	
Care for de children/si	ependents on social/iblings who are depe	medical ground ndent upon a M	s i.e. elderly pa lember	arents or disabled		
	DUTY THAT CAR				····	
DATE OF CA	ARER SERVICE (D)	D/MM/YY)	24/4/04			
PLEASE NO	TE, THE ALLOW NG APPROVED DU OF ONE HOUR P	ANCE IS PAY	ABLE FOR T	THE LENGTH (OF THE UP TO A	
TIME			San mere mere de la	7.30-9.	12	
From	7.00	Heen	ng auruni	2 1 7. 5 0 7.	<i>,</i> ×	
To	11-00	Mayin	um 4 hours)	. 70-504	2 Of 6 52	ah.
Total hou	is 241+2 hor	(IVIAXIII	ium 4 nouis)	1. 7.00-09.4	- R	4.90
enabling me t	I have actually and a to perform approved re that the carer is 18 ng with me who has	duties as a Me years of age o	mber of the Co r over and not	an immediate mer	mber of my fam	I LLIV
Signature of	Member			Date	29/4/08	·····
FAILURE TO	O PROVIDE RECEI	PTS MAY RES	ULT IN NON-	PAYMENT OF T	HE CLAIM.	
RECEIPT A	TTACHED (please tic	k) Yes	N N	0		
		BE COMP	LETED BY	CARER		
I dealers that	t I have supplied the		· · · · · · · · · · · · · · · · · · ·			
				Date2	9/4/08	
Signature of Age of Care	Carer r (please tick) 19	8-21 yrs	22yr	s & over		
Please return	this form to: Democ	ratic Services,	Town Hall, St	Ives Road, Maide	nhead, Berks SI	_6 1RF
Members' Ser	vices: Total Amon	nt Claimed £ /4	. 90			
Members Ser	Authorised	for payment			05\08 Date	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date	

	1 2 [c		N.A.			Due Date	57/05
(3C)	char	Incl sp	aces)	er · Reii	48088	e He N	WINDSOR AND MAIDENHEAD
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	DAT PLE APP THE TIM I I decense care Sign I de	E ASI E AF From To Clare clare clare clare	PROVI	THE HOUTY CONCED DUTY 6. 9. 3. ave actually erform appropriate supplies the concentration of the concentration	OURS C CERNE 30 pr 130 pr 1 haun y and ne proved d	LAIM ED PLU	ED SHOULD EQUATE TO THE LENGTH OF THE US REASONABLE TRAVEL TIME TO AND FROM Ity incurred expenditure on carer services for the purpose of a Member of the Council and that I have actually paid the Date
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

7. 30 -10.35

TO BE COMPLETED BY COUNCILLOR

			Colin Ro		
INVOICE SUBMITTED BY COU	NCILLOR (PI	ease Print)	CORIN KO	disen	\
EMPLOYEE NUMBER. (as found	on payslip)				
APPROVED DUTY THAT CARE	R SERVICE I		·		
		9			
NAME OF CARER				·	
RELATIONSHIP TO COUNCILI	LOR			TWACL	
Immediate Family	1 -	SIR		2 1 APR 2008	
Other (please specify)	Employ	ed Caren		2 7 AFR 2008	
DATE OF CARER SERVICE (DE)/MM/YY)	21/02/0	s –		ئــــ
PLEASE NOTE, THE HOURS O APPROVED DUTY CONCERN THE APPROVED DUTY	CLAIMED SI ED PLUS RE	HOULD EQU EASONABLE	ATE TO THE TRAVEL TIP	LENGTH OF THE TO AND FRO	HE DM
TIME		,			
From 6-60	7.00	meeting a	lurah on	7.30-10.3	SPH
To 10-00	41.00	- 6			
Total hours 4 hou		otal Amount cl	aimed :		
I declare that I have actually and no enabling me to perform approved of carer.	ecessarily incu duties as a Me	arred expenditumber of the Co	ouncil and that	I have actually paid	se of
Signature of Member			Date	12/4/07	
TO	BE COMP	LETED BY	CARER		
I declare that I have supplied the s	ervices detaile	ed above			
Signature of Carer	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, ,,,,,,	•••••	Date19	04 08	
Please return this form to: Democra	ntic Services,	Γown Hall, St l	ives Road, Mai	denhead, Berks SL	.6 1RF
	FOR OFFICE	USE ONLY		2104108	
Members' Services: Authorised for Payroli: Input by:	Date:	Batch no.	Checked by:	Date	
1			·		

Document Title: Invoice For Members' Child Care & Dependents' Carers' Services.

Author: Julie Harford Creation Date: Jan 2006 Version 1.0.0

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:-	
NAME OF CARER	
RELATIONSHIP TO COUNCILLOR Immediate Family	
Other (please specify) Employed Caren 2 3 APR 2008	
DATE OF CARER SERVICE (DD/MM/YY) 26/2 lo8	
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 noating duration 7.30-11.20 pm	
	İ
Total hours Potal Amount claimed	
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	
TO BE COMPLETED BY CARER	
I declare that I have supplied the services detailed above	
Signature of Carer Date	
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1R FOR OFFICE USE ONLY	F
Date 22/04/08	
Members' Services: Authorised for payment: Payroll: Input by: Date: Batch no. Checked by: Date	

Document Title: Invoice For Members' Child Care & Dependents' Carers' Services.

Author: Julie Harford

Creation Date: Jan 2006

Version 1.0.0



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

7.30-10.45

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).	
EMPLOYEE NUMBER. (as found on payslip)	
APPROVED DUTY THAT CARER SERVICE RELATES TO:-	
NAME OF CARER	5008
RELATIONSHIP TO COUNCILLOR	
Immediate Family	
Other (please specify) Employed Caven	
DATE OF CARER SERVICE (DD/MM/YY) 27 03 08	
PLEASE NOTE, THE HOURS CLAIMED SHOULD EQUATE TO THE LENGTH APPROVED DUTY CONCERNED PLUS REASONABLE TRAVEL TIME TO ANI	OF THE D FROM
THE APPROVED DUTY	
TIME From 7.00pm To 11.30 pm 11.15pm Total hours 4/4hr. Total Amount claimed	0-10.45pm
From 7-00pm	- '
To 11.30 pm 11.13 pm	
Total hours 4/4hrs Total Amount claimed	
I declare that I have actually and necessarily incurred expenditure on carer services for the enabling me to perform approved duties as a Member of the Council and that I have actual carer.	lly paid the
Signature of Member Column Date 12/4	08
TO BE COMPLETED BY CARER	
I declare that I have supplied the services detailed above	
Date 1904 200	_D
Signature of Carer. Date	
	antes QT & 1DE
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Be FOR OFFICE USE ONLY	EIKS SLO IKF
Date 22 04 08	
Members' Services: Authorised for payment: Payroli: Input by: Date: Batch no. Checked by: Date	

Author: Julie Harford Creation Date: Jan 2006 Version 1.0.0