## ( !EMBERS' MILEAGE CLAIM FUR .

## ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

Input by:

Payroll:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH

CLAIM BY COUNCILLOR: LANKIN
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip)

| DATE             | OVERED BY               | TIME          | PLACE WHERE DUTY                                                  | FOR ALLOWANCES FOR THE MONTH O  REASON(S) FOR CLAIM  DESCRIPTION OF THE MONTH OF TH |                                                                             |                           | TRAVEL ALLOWANCE CLAIMED                              |  |  |
|------------------|-------------------------|---------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|-------------------------------------------------------|--|--|
|                  | FROM                    | то            | WAS PERFOMED                                                      | DESCRIPTION OF APPROVED DUTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES | PRIVATE<br>CAR<br>Milesge | PUBLIC<br>TRANSPORT<br>(Receipts must be<br>attached) |  |  |
| 14               | 6pm                     | 700           | Town Hall                                                         | Boundary Constitution Briefings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Na                                                                          | 13.8 m                    | £                                                     |  |  |
| 14               | 6:30pm                  | do pr         | 11                                                                | Carprale Serios                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nla                                                                         | 12m                       |                                                       |  |  |
| 3/4              | 6:30pm                  | 7:3000        | И                                                                 | Communications Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Alisa Hexander                                                              | 12m                       |                                                       |  |  |
| 4/4              | 7:30pm                  |               | R                                                                 | Full Coneil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Na                                                                          | 5.1m                      |                                                       |  |  |
| 64               | 5:30m                   |               | Sportsuble                                                        | Carbinet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No                                                                          | 40m                       |                                                       |  |  |
| 14               | 1.0                     | 7,7           | TOWN                                                              | Road Haday Gray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - <del>                                     </del>                          | 1211                      |                                                       |  |  |
|                  |                         |               |                                                                   | ) 0 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                           |                                                       |  |  |
|                  |                         |               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                           |                                                       |  |  |
|                  |                         |               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                           |                                                       |  |  |
| *****            |                         |               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                           |                                                       |  |  |
|                  |                         |               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                           |                                                       |  |  |
|                  |                         | 18516         |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUB TOTAL                                                                   |                           |                                                       |  |  |
| EASE             | COMPLETE                | ONE LI        | NE FOR EACH                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | 46.9 m                    |                                                       |  |  |
| TEND             | G, CONFER<br>ED AND SIC | ence et<br>In | C YOU HAVE                                                        | Less any amount claimed/received from any other Ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sthority/Body.                                                              |                           |                                                       |  |  |
| LOW              | AFTER REA               | DING T        | HE DECLARATION                                                    | Less any amount claimed testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | 146.9m                    |                                                       |  |  |
| ERLE             | AF.                     |               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LS CLAIMED                                                                  | VES INO                   |                                                       |  |  |
|                  |                         |               | red (a) valid VAT receipt(s) - L                                  | e. a till receipt pre dating the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACHED                                                                       | * Olenza delete S         | sappropriate                                          |  |  |
| . Please showing | the petrol comp         | any's VAT     | ned (a) valid VAT receipt(s) - L<br>registration number and ident |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *******                                                                     | Date30                    | 14110                                                 |  |  |
|                  |                         |               |                                                                   | Signature of Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE REAL PROPERTY.                                                          |                           |                                                       |  |  |
| For              | Office Use Only         | ,             |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | Date:                     |                                                       |  |  |
| -                | ocratic Service         |               | Authorised for Payment:                                           | Batch No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | O. O                                    |                           |                                                       |  |  |

## ( MEMBERS' MILEAGE CLAIM FUL

## ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th
OF EACH MONTH

| CLAIM BY COUNCILLOR:                 | ANKIN           |
|--------------------------------------|-----------------|
| COUNCILLOR (EMPLOYEE) NUMBER (as for | and on paysilp) |

| PERIOD (                   | COVERED B          | Y CLAIM                        |                                                                  |                                                                             | FOR ALLOWANCES FOR THE MONTH OF | Avy                                                   | <u></u> |      |
|----------------------------|--------------------|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|---------|------|
| DATE TIME TIME             |                    |                                | PLACE WHERE DUTY DESCRIPTION OF APPROVED DUST                    |                                                                             |                                 | TRAVEL ALLOWANCE CLAIME!                              |         |      |
|                            |                    | WAS PERFOMED                   |                                                                  | PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES | PRIVATE<br>CAR<br>Mileage       | PUBLIC<br>TRANSPORT<br>(Receipts must be<br>strached) |         |      |
| 13/8                       | 630                | 8                              | TH                                                               | Employment Parel                                                            | Na                              |                                                       | 2       | 6 O  |
| 6 9                        | 530                | 8                              | T/                                                               | head Wender Briefing                                                        | Russell Of Keaple               |                                                       | 2       | 50   |
| 8/8                        | 730                | 830                            | TH                                                               | Maidertead Golf OWS                                                         | - N                             | 6 miles                                               |         |      |
| 17                         | W 6                | 8                              | TH                                                               | Polling Places Review Com                                                   | p Karen Shepard                 |                                                       | 2       | 65   |
|                            |                    |                                |                                                                  | J                                                                           |                                 |                                                       |         |      |
|                            |                    |                                |                                                                  |                                                                             |                                 |                                                       |         |      |
|                            |                    |                                |                                                                  |                                                                             |                                 |                                                       | -       | -    |
|                            |                    |                                |                                                                  |                                                                             |                                 |                                                       |         |      |
| TING, C<br>ENDED<br>OW APT | CONFERENT AND SIGN | NCE ETC                        | FOR EACH YOU HAVE DECLARATION                                    | Less any amount claimed/received from any other                             | SUB TOTAL or Authority/Body.    | 6 miles                                               | + [7    | 7    |
| RLEAF.                     |                    |                                |                                                                  |                                                                             | S CLAIMEI                       |                                                       |         |      |
| lease ensu<br>wing the p   | etrol company      | ve attached (<br>''s VAT regis | a) valid VAT receipt(s) - i.e. a<br>stration number and identify | a till receipt pre dating the first j<br>the amount paid for fuel.          | ACHED                           | YES / NO* *Please delete                              | apprépi | iate |
|                            |                    |                                |                                                                  | Signature of Member                                                         |                                 | Date                                                  | 9.11    | .Ş   |
| or Office                  | e Use Only         |                                |                                                                  |                                                                             |                                 |                                                       |         |      |
|                            | tio Services:      | STATE OF THE PERSON.           | horised for Payment:                                             |                                                                             | 22 30 00                        |                                                       |         |      |
| evroll:                    | A TO               | Inpu                           | t by:                                                            | Date:                                                                       |                                 | Dote                                                  |         |      |

| IEMBERS' MILEAGE | CLAIM FUR |
|------------------|-----------|
| AIDENHEAD        | CLAIM BY  |

| CLAIMS MUST BE EXPRIMATIONS IN | OF WINDSOR AND                                    | MATERIATION  |
|--------------------------------|---------------------------------------------------|--------------|
| CLAIMS MUST BE EVIDER ABORD TO | D.M. L. W. L. | TATATORITETE |

OF EACH MONTH

CLAIM BY COUNCILLOR: Roulein
COUNCILLOR (EMPLOYEE) NUMBER (as found on payallp)

| DATE             | OVERED BY        | TIME         | N LOS LUCIONES                                    | REASON(S) FOR CLA                           | FOR ALLOWANCES FOR THE MONTH O                      | ramonamana,               |                                                      | ········· |  |
|------------------|------------------|--------------|---------------------------------------------------|---------------------------------------------|-----------------------------------------------------|---------------------------|------------------------------------------------------|-----------|--|
| 200.000          | FROM             | TO           | PLACE WHERE DUTY<br>WAS PERFOMED                  | DESCRIPTION OF APPROVED DUTY                | Y PLEASE STATE WHICH OFFICER                        | TRAVEL ALLO               | TRAVEL ALLOWANCE CLAIMED                             |           |  |
|                  |                  |              | WAS LEWICHED                                      |                                             | ARRANGED THIS MEETING IF<br>NOT DEMOCRATIC SERVICES | PRIVATE<br>CAR<br>Milenge | PUBLIC<br>TRANSPORT<br>(Necepts must be<br>stimeled) |           |  |
| 1                |                  |              |                                                   |                                             |                                                     |                           | £                                                    | р         |  |
| 25/9             | 7:30             | 10           | TH                                                | Full Comul                                  | ~/a                                                 |                           | 2                                                    | 50        |  |
|                  |                  |              |                                                   |                                             |                                                     |                           |                                                      |           |  |
| etino,<br>Pendei | CONFERED AND SIG | nce etc      | E FOR EACH<br>E YOU HAVE                          | Less any amount claimed/received from any o | SUB TOTAL                                           |                           | 2                                                    | 56        |  |
| ERLEAI           | f,               | ava attached | E DECLARATION  i (a) valid VAT receipt(s) - Lo. s | till receipt pre dating t                   | 'ALS CLAIMEI                                        | YES/NO*                   |                                                      | 1         |  |
| sowing the       | petrol compas    | y's VAT re   | gletration number and identify                    | the amount paid for fue                     |                                                     | Please deleta             | / / .                                                |           |  |
|                  |                  |              |                                                   | Signature of M                              | en en en                                            | Date(                     | .1                                                   |           |  |
| For Offi         | ce Use Only      |              |                                                   |                                             |                                                     |                           |                                                      |           |  |
| Democi           | ratic Services   | i A          | uthorised for Payment                             |                                             |                                                     |                           |                                                      |           |  |
| Daniel II.       |                  |              | erret beert                                       | 1 12810!                                    |                                                     | Date:                     | 33.5                                                 |           |  |