



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)..... M. AIREY.....

NAME OF CARER..... [REDACTED].....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-  
..... WINDSOR PARAL D.M.P & TECHNICAL BRIEFING.....

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

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	8.15pm	(Maximum 4 hours)
To	9 pm	
Total hours	2.75 hrs	

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 16 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..... [REDACTED]..... Date..... 12/12/18.....

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED]..... Date..... 12/12/18.....

Age of Carer (please tick) 16-17..... 18-20yrs..... ..... 21yrs & 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 £ 16.50		Date 18/12/18	
Payroll:		Input by:	Date:	Batch no.
				Checked by:
				Date

12/12/18  
I confirm receipt of £16.50  
[REDACTED]

I confirm receipt of £ 14.75

Name: [Redacted]

Signature: [Redacted]

Date: 30/1/19

**BOROUGH OF WINDSOR AND MAIDENHEAD**

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

**TO BE COMPLETED BY COUNCILLOR**

COUNCILLOR (Please Print)..... M. Airey.....

NAME OF CARER..... [Redacted].....

**CATEGORY OF CARE PROVIDED (please tick)**

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:..... Windsor Urban DMP.....

DATE OF CARER SERVICE (DD/MM/YY)..... 30/1/19.....

**PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.**

**TIME**

From	<u>6.30 pm</u>
To	<u>9 pm</u>
Total hours	<u>2.5 hours</u> (Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 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..... 30/1/19.....

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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**TO BE COMPLETED BY CARER**

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted]..... Date..... 30/1/19.....

Age of Carer (please tick) 16-17..... 18-20yrs..... ..... 21yrs & over.....

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

FOR OFFICE USE ONLY				
Members' Services:	Total Amount Claimed £ <u>14.75</u>		Date <u>20/3/19</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:
				Date

I confirm receipt of £ 13.30

Name: [Redacted]  
Signature: [Redacted]

**ROUGH OF WINDSOR AND MAIDENHEAD**

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

Date: 7/1/19

**FORM COMPLETED BY COUNCILLOR**

COUNCILLOR (Please Print)..... M. Airey

NAME OF CARER..... [Redacted]

**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	<input checked="" type="checkbox"/>

**APPROVED DUTY THAT CARER SERVICE RELATES TO:-**

..... WINDSOR URBAN DMP + TECHNICAL BRIEFING

DATE OF CARER SERVICE (DD/MM/YY) ..... 7/1/19

**PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.**

**TIME**

From	<u>6pm</u>
To	<u>8.15pm</u>
Total hours	<u>2 1/4</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 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..... [Redacted] Date..... 7/1/19

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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**TO BE COMPLETED BY CARER**

I declare that I have supplied the services detailed above.

Signature of Carer [Redacted] Date..... 7/1/19  
Age of Carer (please tick) 16-17..... 18-20yrs.....  ..... 21yrs & over.....

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

<b>FOR OFFICE USE ONLY</b>				
Members' Services:	Total Amount Claimed £ <u>13.30</u>			
	Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Date <u>25/1/19</u>
			Checked by:	Date

I confirm receipt of £ 13.30

**BOROUGH OF WINDSOR AND MAIDENHEAD**

Name: [Redacted]  
Signature: [Redacted]

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

Date: 9/1/19

**BE COMPLETED BY COUNCILLOR**

COUNCILLOR (Please Print)..... M Airey

NAME OF CARER..... [Redacted]

**CATEGORY OF CARE PROVIDED (please tick)**

<input checked="" type="checkbox"/> Child care i.e. for children aged 15 or less	
<input type="checkbox"/> Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-  
..... WINDSOR RURAL D.M.P.

DATE OF CARER SERVICE (DD/MM/YY) ..... 9/1/19

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

**TIME**

From	<u>6pm</u>
To	<u>8.15pm</u>
Total hours	<u>2 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 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..... [Redacted] Date..... 9/1/19

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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**TO BE COMPLETED BY CARER**

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted] Date..... 9/1/19  
Age of Carer (please tick) 16-17..... 18-20yrs.....  ..... 21yrs & over.....

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

Members' Services:	Total Amount Claimed £ <u>13.30</u>	
	Authorised for payment [Redacted]	Date <u>25/1/19</u>
Payroll:	Input by: [Redacted]	Date: [Redacted]
	Batch no.	Checked by: [Redacted]
		Date



Confirm receipt of £ 14.75

**BOROUGH OF WINDSOR AND MAIDENHEAD**

Name: [Redacted]

Signature: [Redacted]

Date: 10/1/19

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

**BE COMPLETED BY COUNCILLOR**

COUNCILLOR (Please Print)..... M Airey

NAME OF CARER..... [Redacted]

**CATEGORY OF CARE PROVIDED (please tick)**

<input checked="" type="checkbox"/> Childcare i.e. for children aged 15 or less	
<input type="checkbox"/> Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input checked="" type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-  
Cabinet Briefing

DATE OF CARER SERVICE (DD/MM/YY)..... 10/1/19

**PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.**

**TIME**

From	<u>6pm</u>
To	<u>8.30pm</u>
Total hours	<u>2 1/2</u>

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 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..... [Redacted]

Date..... 10/1/19

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

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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**TO BE COMPLETED BY CARER**

I declare that I have supplied the services detailed above.

Signature of Carer [Redacted]

Date..... 10/1/19

Age of Carer (please tick) 16-17..... 18-20yrs...  ..... 21yrs & over.....

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

FOR OFFICE USE ONLY				
Members' Services:	Total Amount Claimed £ <u>14.75</u>			
	Authorised for payment [Redacted]			
Payroll:	Input by:	Date:	Batch no.	Date <u>25/1/19</u>
			Checked by:	Date