			12/12/18
 confine	receipt	of	£ 16.50
			*



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:- & 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 I 150m					
From 6.15pm To 9 pm					
Total hours 2. 75 h/5 (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 12/18					
FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.					
RECEIPT ATTACHED (please tick) Yes No					
TO BE COMPLETED BY CARER					
I declare that I have supplied the services detailed above.					
Signature of Carer. Date					
10-20 y 15 21 y 15 & 0 v 01					
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF					

FOR OFFICE USE ONLY

Batch no.

Date 18/12/18

Date

Checked by:

Total Amount Claimed £ 16.50

Date:

Authorised for payment

Members' Services:

Input by:

Payroll:

I confirm	receipt o	of £ 1/4. 7	5					
Name: _			ORO	UGH OF WIN			DENHEAD)
Signature			HILD	INVOI CARE & DE	CE FO	OR DENTS' CAR	RERS' SERV	ICES
Date:	30/1	119	BE C	OMPLETE	D BY	COUNCIL	LLOR	
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CATEGO	RY OF C	ARE PROV	/IDED (pleas	e tick)		•		
Childe	care 1.e. f	or children a	aged 15 or les	S				X
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DATE OF	CARER	SERVICE ((DD/MM/YY	30/	1 1	19		
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TIME								
From		6.30	pm					
To Total h	ours	2.5h	ous (Ma	ximum 4 hours	3)			
carer. I dec	lare that	the carer is	d necessarily in dead duties as a last a las	incurred expend Member of the e or over and note care.	liture o Counc ot an i	on carer servi il and that I h mmediate me	ces for the pu lave actually p ember of my f	rpose of paid the amily or
Signature o	f Membe	T				Date. 30	011	/19
RECEIPT	ATTACH	ED (please ti	CK)	ESULT IN NO	N-PAY No	MENT OF T	HE CLAIM.	
		7004	O BE CO.					
I declare the	et I have	gymmli-dul	O BE COM	PLETED B	Y CA	RER		
			services deta					
Age of Care	r Carer er (please	пск) 16-1	7 1	18-20yrs)	 ∕	.21 yrs & ove	1/19	
lease return	this form	to: Democ	ratic Services	, Town Hall, St	Ives I	Road Maid	thand D	
Members' Ser	vices:	Total Amous	FOR OFFIC at Claimed £ [0]	E USE ONLY	71031	water	meau, Betks	SLO IRF
Payroll:		Authorised for	or payment	. 10		Date 2013	/19]
ayıon.	Input by:		Date:	Batch no.	Chec	ked by:	Date	-

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1 001	nfirm rece	ipt of £ 13	<u>.</u> 30					
*********			О	ROUGH OF W	INDS	OR AND M	IAIDENHEA	(D)
Nam	ne: _			INV	OICE	FOR		
			H	LD CARE & D	EPEN	NDENTS' C	ARERS' SER	VICES
Sign	iatui							
Dat	e: <u>7</u>	1/19		COMPLET				
NAME	OF CARI	E R		LOR (Please Prin	t)	M. 1	AIREY	
CATEG	ORY OF	CARE PRO	VIDED (pl	ease tick)	••••••	••••••		
Chi.	locare 1.e.	for children	aged 15 or	less				
Care	for deper Iren/siblir	ndents on so ags who are	cial/medica dependent u	l grounds i.e. eld pon a Member	erly pa	arents or disa	bled	X
APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY) # 1/1/9 BRIEFING								
DATEO	FCARE	R SERVICE	(DD/MM/	YY) 7/	1/1	9	BR16	FING
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.								
	ONI OF	ONE HOU	R PER CLA	AIM.		A A A	VIL OF TO A	
From		6 pr	^					
To 8.15 0m								
Total hours 2 1/4 (Maximum 4 hours)								
I declare t	that I have	e actually an	d necessari	y incurred expen a Member of the	ditura			
enabling r	ne to peri	form approve	ed duties as	a Member of the age or over and r	Counc	on carer serv	nces for the pu	upose of
person res	iding wit	h me who ha	s provided	a Member of the age or over and r the care.	ot an i	immediate m	ember of my	amily or
Signature								
			EIPTS MAV	DECLU TO THE TAX AND A	••••••	Date	I. (1/1	9
RECEIPT	ATTACE	IED (please t	ick)	RESULT IN NO	N-PAY No	MENT OF 1	THE CLAIM.	
				/				
I declare th	at I have	T(O BE CO	MPLETED B	Y CA	RER		
G:	SC-	supplied in	e services de	etailed above.				
Age of Car	er (please	e tick) 16-1	7	18-20yrsX	Da	te7/	1/19	. 1
Please return	this form	n to: Democ	ratic Servic	es, Town Hall, St ICE USE ONLY	Ives D	load Maid	1 1	
Members' Se	rvices:	Total Amoun	FOR OFF	ICE USE ONLY	- , US IV	water, ivialder	mead, Berks S	L6 1RF
Payroll:	Input by:	Authorised f	or payment			Date 25/17	10	
	par oy,		Date:	Batch no.	Check	ced by:	Date	N.

I confirm receipt of £ 13- 300 BOROUGH OF WINDSOR AND MAIDENHEAD Name: _ INVOICE FOR CHILD CARE & DEPENDENTS' CARERS' SERVICES Signatu BE COMPLETED BY COUNCILLOR Date: 9/1/19 TILOR (Please Print).... MA AIRCY NAME OF CARER..... CATEGORY OF CARE PROVIDED (please tick) Child care 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:- RURAL DMP 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 To 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 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....9/1/9 FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. RECEIPT ATTACHED (please tick) Yes TO BE COMPLETED BY CARER I declare that I have supplied the services detailed above. Date....9 / 1 / 19 Signature of Carer.

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

satch no.

Date 25/1/19

Date

Checked by:

Total Amount Claimed £ 13.30

Date:

Authorised for payment

Members' Services:

Payroll:

Input by:

Tonfirm receipt of £ 14,76)				
	3OROUGH OF WINDSOR AND MAIDENHEAD				
Name: _					
	INVOICE FOR HILD CARE & DEPENDENTS' CARERS' SERVICES				
Sig nature	CARERS, SERVICES				
Date: 10 /1 /10	BE COMPLETED BY COUNCILLOR				
Date: 10/1/19					
(N.O. 1987)	CILLOR (Please Print)				
NAINE UF CARER	••••••				
CATEGORY OF CARE PROVIDE	ED (please tick)				
Childcare i.e. for children aged	15 or less				
children/siblings who are demand	dent upon a Momba.				
	and a poir a iviember				
APPROVED DUTY THAT CAREF	R SERVICE RELATES TO:-				
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DATE OF CARER SERVICE (DD/					
PLEASE NOTE, THE ALLOWA	NCE IS PAYABLE FOR THE LENGTH OF THE				
MAXIMUM OF ONE HOUR PER	NCE IS PAYABLE FOR THE LENGTH OF THE Y AND CAN INCLUDE TRAVEL TIME UP TO A R CLAIM.				
	CLAIM.				
TIME From					
To					
Total hours 2 1/2					
(Maximum 4 hours)					
I declare that I have actually and nece	essarily incurred expenditure on carer services for the purpose of ies as a Member of the Council and that I have				
enabling me to perform approved dut	ies as a Member of the Council and that I have actually paid the				
carer. I declare that the carer is 16 yearson residing with most had	are of one				
	vided the care.				
Signature of Member	Date10/1/19				
RECEIPT ATTACHED (please tick) Yes No. 1016 Patte					
RECEIPT ATTACHED (please tick) Yes No No					
	7. 110				
TO BE COMPLETED BY CARER					
I declare that I have supplied the services detailed above.					
Signature of Care					
Signature of Care Age of Carer (please tick) 16-17 Date					
F	.21yrs & over				
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF Members' Services: Total Amended of the Control of the					
Total Amount Clain	ned £ \ \ \ \ \				
Payroll: Authorised for payroll: Date:	Date 25/1/19				
	Batch no. Checked by: Date				