



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)..... N. 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:-

..... Full Council Meeting.....

DATE OF CARER SERVICE (DD/MM/YY) 19/7/18.....

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 | 7pm | (Maximum 4 hours) |
| To | 11pm | |
| Total hours | 4 | |

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..... 19/7/18.....

FAILURE TO PROVIDE RECEIPT WILL RESULT IN NON-PAYMENT OF THE CLAIM.

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

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted]..... Date..... 19/7/18.....

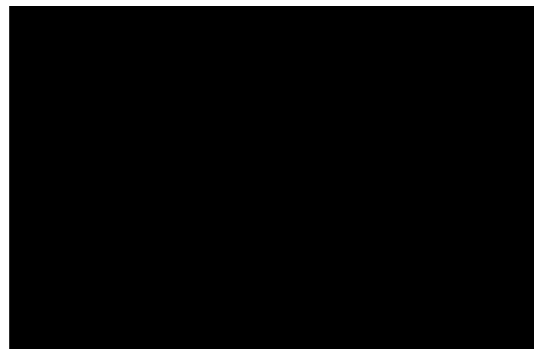
Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over.....

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 £ 30 | | Date 1/8/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

19/7/18

I confirm I received £30 for childcare.





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) N. 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:-

DATE OF CARER SERVICE (DD/MM/YY) 31/7/18

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 | 5 pm | (Maximum 4 hours) |
| To | 7.45 pm | |
| Total hours | 2 hr 45 | |

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 31/7/18

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

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

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

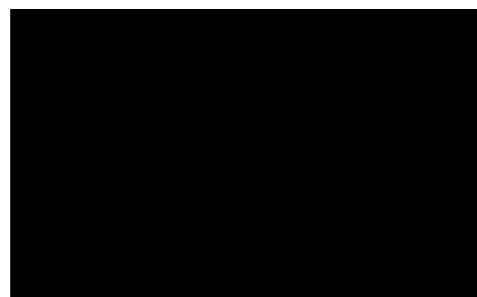
Signature of Carer [REDACTED] Date 31/7/18
Age of Carer (please tick) 18-20yrs..... 21yrs & over...

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 £20.30 | | Date 1/8/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

31/7/18

I confirm I received £20.30 for childcare.





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)..... N. AIRBY

NAME OF CARER..... [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... Lead Member Briefing

DATE OF CARER SERVICE (DD/MM/YY) 22/10/18

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 | 2.30pm |
| To | 6pm |
| Total hours | 3.5 |

(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..... [REDACTED] Date..... 22/10/18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED] Date..... 22/10/18
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 £ 21 | | Date 18/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

22/10/18
I confirm receipt of £21.
[REDACTED]



Royal Borough of Windsor & Maidenhead

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)..... N 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 | X |

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... Girls' Policy Forum

DATE OF CARER SERVICE (DD/MM/YY)..... 24/10/18

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 | 6pm |
| To | 7pm |
| Total hours | 1 hour |

(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... 24/10/18

FAILURE TO PROVIDE RECEIPT ATTACHED (please tick) YES NO

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted] Date... 24/10/18

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

24/10/18

I confirm receipt of £18



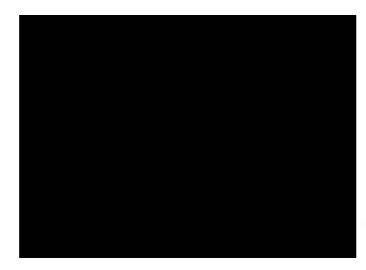


ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

25/10/18

I confirm receipt of £22



TO BE COMPLETED BY COUNCILLOR

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

NAME OF CARER..... [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
..... Police Briefing + Cabinet Briefing + Cabinet

DATE OF CARER SERVICE (DD/MM/YY) 25/10/18

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 | 5pm |
| To | 8.30pm |
| Total hours | 3.5 |

(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..... [Redacted] Date... 25/10/18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted] Date..... 25/10/18

Age of Carer (please tick) 16-17..... 18-20yrs..... X..... 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 £22 | | Date 13/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |



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)..... N. 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 | X |

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... EXTRAORDINARY FULL COUNCIL

DATE OF CARER SERVICE (DD/MM/YY)..... 5/11/18

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 | 7pm |
| To | 8.30pm |
| Total hours | 1.5 hrs (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... 5/11/18.....

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

| | | | |
|--------------------------------|-----|---|----|
| RECEIPT ATTACHED (please tick) | Yes | X | No |
|--------------------------------|-----|---|----|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED]..... Date... 5/11/18.....
Age of Carer (please tick) 18-20yrs... X..... 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 £ 10 | | Date 18/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

1 confirm receipt of £10
5/11/18
[REDACTED]



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) N AIREY

NAME OF CARER [REDACTED]

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:- SACRE & CABINET BRIEFING (2 MEETINGS)

DATE OF CARER SERVICE (DD/MM/YY) 8/11/18

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 | 5 pm |
| To | 8.45 pm |
| Total hours | 3 3/4 |

(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 8.11.18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

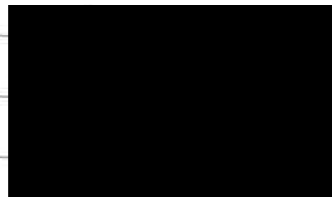
Signature of Carer [REDACTED] Date 8/11/18
Age of Carer (please tick) 16-17 [] 18-20yrs [X] 21yrs & over []

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 £22.50 | | Date 18/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

8/11/2018

I confirm receipt of £22.50





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)..... N. 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:-

..... Lead Member Briefing.....

DATE OF CARER SERVICE (DD/MM/YY)..... 10/12/18.....

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 | 11 am |
| To | 1.30pm |
| Total hours | 2 1/2 |

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 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... 10/12/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.. [Redacted]..... Date.. 10/12/18.....

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 £ 14.75 | | | |
| | Authorised for payment [Redacted] | | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: Date |

10/12/18
I confirm receipt of £14.75
[Redacted]



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) N. Arey

NAME OF CARER [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:- B.S.G.

DATE OF CARER SERVICE (DD/MM/YY) 10/12/18

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 | 8.30 am |
| To | 11 am |
| Total hours | 2 1/2 hrs (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 10/12/18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer [Redacted] Date 10/12/18

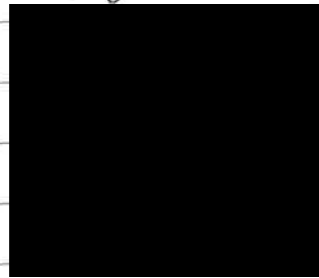
Age of Carer (please tick) 16-17 [] 18-20yrs [X] 21yrs & over []

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 £ 14.75 | | Date 18/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

10/12/18

1, keziah Odoi, confirm receipt of £ 14.75





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)..... N. Airey.....

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

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... Lead Member Briefing - Commissioning, [Redacted].....

DATE OF CARER SERVICE (DD/MM/YY)..... 11/12/18.....

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 | 10:30am |
| To | 12:30pm |
| Total hours | 2 |

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 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... 11/12/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted]..... Date... 11/12/18.....

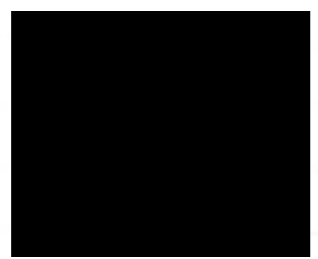
Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over.....

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 £ 11.80 | | | |
| | Authorised for payment [Redacted] | | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | Date 18/12/18 |

11/12/18

I confirm receipt of £11.80





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) N. 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:- FULL COUNCIL

DATE OF CARER SERVICE (DD/MM/YY) 11/12/18

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 | <u>7pm</u> |
| To | <u>10.45pm</u> |
| Total hours | <u>3 3/4</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 11/12/18

FAILURE TO PROVIDE RECEIPT ATTACHED (please tick) Yes No RESULT IN NON-PAYMENT OF THE CLAIM.

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer... [REDACTED] Date 11/12/18

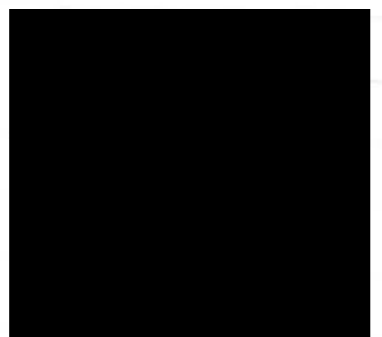
Age of Carer (please tick) 16-17..... 18-20yrs 21yrs & over.....

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 <u>£ 23</u> | Date <u>18/12/18</u> |
| Payroll: | Input by: [REDACTED] | Checked by: [REDACTED] |
| | Date: [REDACTED] | Batch no. [REDACTED] |

11/12/18
I confirm receipt of £23.





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)..... N. AIRCY.....

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:- CABINET & PRE-BRIEFING

DATE OF CARER SERVICE (DD/MM/YY) 13/12/18.....

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 | 6:30pm | (Maximum 4 hours) |
| To | 9pm | |
| Total hours | 2 1/2 | |

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..... 13/12/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED]..... Date..... 13/12/18.....

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 £ 14.75 | | Date 18/12/18 | | |
| Authorised for payment | | | [REDACTED] | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |

13/12/18
I confirm receipt of £14.75
[REDACTED]



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)..... N. AIKEY.....

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:-
..... GIRLS' POLICY FORUM & PLANNING MEETING.....

DATE OF CARER SERVICE (DD/MM/YY) 17/12/18.....

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 | <u>4pm</u> |
| To | <u>7pm</u> |
| Total hours | <u>3</u> |

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 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 17/12/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED]..... Date 17/12/18.....

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 <u>£18</u> | | Date <u>18/12/18</u> | | |
| Authorised for payment | | | [REDACTED] | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |

17/12/18
I confirm receipt of £18
[REDACTED]



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)..... N. Airey

NAME OF CARER..... [Redacted]

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... M.D. Interviews - Morning

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

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 | 8.30am |
| To | 12.30pm |
| Total hours | 4 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..... [Redacted] Date..... 18/12/18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [Redacted] Date..... 18/12/18
Age of Carer (please tick) 16-17..... 18-20yrs..... X..... 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 £ 25 | | Date 18/12/18 | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | |

1 confirm receipt of £25
18/12/18
[Redacted]



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)..... N 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:-

..... ~~Childcare~~ MD Interviews - afternoon (2nd candidate & deliberations)

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

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 | <u>12.30pm</u> |
| To | <u>3.45pm</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..... [REDACTED]..... Date..... 18/12/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

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

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 £ <u>15</u> | | Date <u>18/12/18</u> | | |
| | Authorised for payment [REDACTED] | | | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |

18/12/18
I confirm receipt of £15
[REDACTED]

I confirm receipt of £ 23.60

ROUGH OF WINDSOR AND MAIDENHEAD

Name: [Redacted]

Signature: [Redacted]

Date: 7/1/19

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

FORM COMPLETED BY COUNCILLOR

COUNCILLOR (Please Print)..... N. AREY

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:-

Lead Member Briefings

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>11.30 am</u> |
| To | <u>3.30 pm</u> |
| Total hours | <u>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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

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

FOR OFFICE USE ONLY

| | | | | |
|--------------------|-------------------------------------|-------|---------------------|-------------|
| Members' Services: | Total Amount Claimed £ <u>23.60</u> | | | |
| | Authorised for payment [Redacted] | | Date <u>25/1/19</u> | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: |
| | | | | Date |

I confirm receipt of £ 17.70

DROUGH OF WINDSOR AND MAIDENHEAD

Name: [Redacted]

Signature: [Redacted]

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

Date: 15/1/19

FORM COMPLETED BY COUNCILLOR

NAME (Please Print)..... N. 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 | X |

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... Health + Wellbeing Board

DATE OF CARER SERVICE (DD/MM/YY) 15/1/19

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>2.30pm</u> |
| To | <u>5.30pm</u> |
| Total hours | <u>3</u> |

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 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.. 15/01/19

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

| | | | |
|--------------------------------|-----|---|----|
| RECEIPT ATTACHED (please tick) | Yes | X | No |
|--------------------------------|-----|---|----|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.. [Redacted] Date..... 15/01/19

Age of Carer (please tick) 16-17..... 18-20yrs... X 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>17.70</u> | | | |
| | Authorised for payment [Redacted] | | | |
| Payroll: | Input by: | Date: | Batch no. | Date <u>25/1/19</u> |
| | | | Checked by: | Date |

I confirm receipt of £ 16.50

ROUGH OF WINDSOR AND MAIDENHEAD

Name: [Redacted]

Signature: [Redacted]

Date: 17/1/19

INVOICE FOR
LD CARE & DEPENDENTS' CARERS' SERVICES

COMPLETED BY COUNCILLOR

COUNCILLOR (Please Print)..... N. Airey

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
Cabaret Briefing

DATE OF CARER SERVICE (DD/MM/YY) 17/1/19

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>5.45pm</u> |
| To | <u>8.30pm</u> |
| Total hours | <u>2 3/4</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..... 17/1/19

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the details detailed above.

Signature of Carer.. [Redacted]

Date..... 17/1/19

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>16.50</u> | Authorised for payment | Date <u>25/1/19</u> |
| Payroll: | Input by: | Date: | Batch no. |
| | | | Checked by: |
| | | | Date |

I confirm receipt of £ 15.00

ROUGH OF WINDSOR AND MAIDENHEAD

Name: 
Signature: 

**INVOICE FOR
Elderly Care & Dependents' Carers' Services**

Date: 21/1/19

FORM COMPLETED BY COUNCILLOR

COUNCILLOR (Please Print)..... N. AIREY

NAME OF CARER..... 

CATEGORY OF CARE PROVIDED (please tick)

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

..... GIRLS' POLICY FORUM + MEMBER BRINGING
ON POLLING PLACES

DATE OF CARER SERVICE (DD/MM/YY) 21/1/19

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>5pm</u> |
| To | <u>7:30pm</u> |
| Total hours | <u>2 1/2 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 21/1/19

FAILURE TO PROVIDE RECEIPT ATTACHED (please tick)

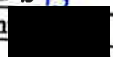
| | | | |
|-----|--------------------------|----|-------------------------------------|
| YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

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

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

| | | | | |
|---------------------|--|-------|-------------|---------------------|
| FOR OFFICE USE ONLY | | | | |
| Members' Services: | Total Amount Claimed £ <u>15</u> | | | |
| | Authorised for payment  | | | |
| Payroll: | Input by: | Date: | Batch no. | Date <u>25/1/19</u> |
| | | | Checked by: | Date |

confirm receipt of £ 11.80

Name: 
Signature: 

Date: 21/1/19

ROUGH OF WINDSOR AND MAIDENHEAD

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

COMPLETED BY COUNCILLOR

COUNCILLOR (Please Print)..... N. AIREY

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

APPROVED DUTY THAT CARER SERVICE RELATES TO:-
..... LEAD MEMBER BRIEFING - BUDGET

DATE OF CARER SERVICE (DD/MM/YY) 21/1/19

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>3pm</u> |
| To | <u>5pm</u> |
| Total hours | <u>2 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... 21/1/19

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

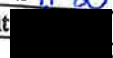
| | | | | |
|--------------------------------|-----|-------------------------------------|----|--------------------------|
| RECEIPT ATTACHED (please tick) | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer...  Date... 21/1/19
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>11.80</u> | | | |
| | Authorised for payment  | | | |
| Payroll: | Input by: | Date: | atch no. | Date <u>25/1/19</u> |
| | | | Checked by: | Date |



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

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print).....N. 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:-

.....Cabinet meeting.....

DATE OF CARER SERVICE (DD/MM/YY)24/5/18.....

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 | 6pm | (Maximum 4 hours) |
| To | 9.30pm | |
| Total 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.....24/5/18.....

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... [REDACTED] Date.....24/5/18.....

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

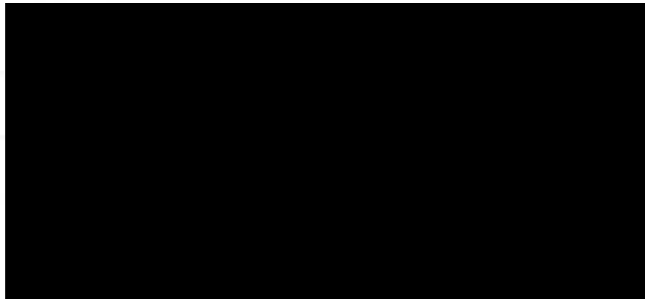
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

| FOR OFFICE USE ONLY | | | | | |
|---------------------|-----------------------------------|-------|--------------|-------------|------|
| Members' Services: | Total Amount Claimed £ 25.83 | | Date 27/6/18 | | |
| | Authorised for payment [REDACTED] | | | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |

Date: 24/5/18

I confirm receipt of payment.

Amount: £ 25.83





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)..... N 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:-

..... Full Council

DATE OF CARER SERVICE (DD/MM/YY) 25/ 9 /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 | 7 pm |
| To | 11 pm |
| Total hours | 4 |

(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.. 25/ 9 /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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer... [REDACTED] Date.. 25/ 9 /18

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

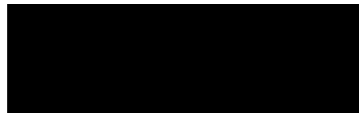
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

| | | | | |
|---------------------|-----------------------------------|-------|-----------|---------------------------|
| FOR OFFICE USE ONLY | | | | |
| Members' Services: | Total Amount Claimed £ 25 | | | |
| | Authorised for payment [REDACTED] | | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: Date 24/10/18 |

25 19/18

I confirm receipt of £ 25.

Signature





Royal Borough of Windsor & Maidenhead

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)..... N. 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:-
..... Girls Policy Forum + Children's of S Panel.....

DATE OF CARER SERVICE (DD/MM/YY) 26 / 9 / 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 | 4.45 PM | (Maximum 4 hours) |
| To | 8.30 PM | |
| Total hours | 3 3/4 | |

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.. 26 / 9 / 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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer. [REDACTED]..... Date.. 26 / 9 / 18.....

Age of Carer (please tick) 16-17..... 18-20yrs... X..... 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 £ 22.50 | | | | |
| | Authorised for payment [REDACTED] | | Date 20/10/18 | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |

26 / 9 / 18

I confirm receipt of £22.50

Signature [REDACTED]

[REDACTED]

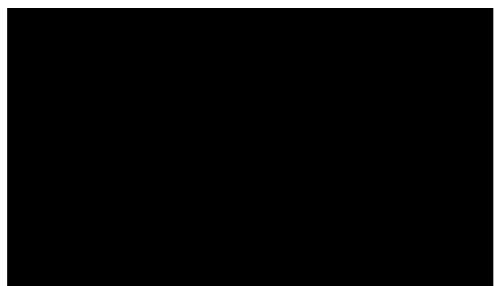


ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

27/09/18

1 confirm receipt of £20.



TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) N. 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:-

Cabinet + Pre-Briefing

DATE OF CARER SERVICE (DD/MM/YY) 27/09/18

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 | 6pm | (Maximum 4 hours) |
| To | 9.15pm | |
| Total 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 27/09/18

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"/> |
|--------------------------------|-----|-------------------------------------|----|--------------------------|

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer [Redacted] Date 27/09/18

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

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 £ 20 | | Date 24/10/18 | | |
| Authorised for payment [Redacted] | | | Date 24/10/18 | | |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |