19/7/18

1 confirm 1 received \$30 for childcare.



www.rbwm.gov.uk

Royal Borough of Windsor & Maidenhead

Payroll:

Input by:

Date:

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

TO BE COMPLETED BY COUNCILLOR

	TO BE CON	II LETED BY C	OUNCILLOR	
INVOICE SUBMIT	TED BY COUNCIL	LLOR (Please Print)	N-Ainey	
NAME OF CARER.		•••••		
CATEGORY OF CATEGO	ARE PROVIDED (pr children aged 15 o			
1	ents on social/medic who are dependent	al grounds i.e. elderly upon a Member	y parents or disabled	
DATE OF CARER S	SERVICE (DD/MM	I/YY) 19.7.7	ing	
	PROVED DUTY A	AND CAN INCLUD	R THE LENGTH OF THE E TRAVEL TIME UP TO	
enabling me to perfo	rm approved duties he carer is 16 years me who has provide r	as a Member of the Confage or over and noted the care.	iture on carer services for the Council and that I have actual at an immediate member of n	Ily paid the ny family or
4	TO BE C	COMPLETED BY	Y CARER	
I declare that I have	supplied the service	s detailed above.	,	
Signature of Care Age of Carer (please	нок) то т/	18-20yrs	Date19	<u>.</u>
Please return this form		rvices, Town Hall, St OFFICE USE ONLY	Ives Road, Maidenhead, Be	rks SL6 1RF
Members' Services:	Total Amount Claime			
	Authorised for navme		Data 1/0/10	

Batch no.

Checked by:

Date

31/7/18

1 confirm 1 received £20.30 for childcare.



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD **INVOICE FOR**

Royal Borough of Windsor &

Payroll:

Input by:

Date:

MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO DE COMDI ETED DV COUNCILLOD

TO BE COMPLETED BY COUNCILLOR
INVOICE SUBMITTED BY 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
APPROVED DUTY THAT CARER SERVICE RELATES TO:-
DATE OF CARER SERVICE (DD/MM/YY) 3 1 / 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.
From 5 pm To 7.45 pm Total hours 2 hr 45 (Maximum 4 hours)
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 31.1.8
FAILURE TO PROVIDE RECEIT IS MAT RESULT IN NON-PAYMENT OF THE CLAIM.
RECEIPT ATTACHED (please tick) Yes No
TO BE COMPLETED BY CARER
declare that I have supplied the services detailed above.
Signature of Care Date 31/7/18.
Age of Carer (ple 18-20yrs
lease 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
Authorised for paymen Date 1/4/14

batch no.

Checked by:

Date

22/10/18

confirm receipt of £21



Royal Boro

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough of Windsor & Maidenhead

			DE COMI	TEIED BA	COL	JNCILLO]	R	
INVOI	CE SUBN	AITTED BY	COLNCILL	P (Please Print)	N. Di	DOU	
NAME	OF CAR	ER		······)	. \$	1	
CATEC	ORY OF	CARE PRO	OVIDED (plea	se tiple)	********	*******		
Chi	ldcare i.e	for childre	n aged 15 or le	se tick)				
Care	for depe	ndents on so	cial/medical a	rounds i.e. elde				X
chile	lren/siblin	ngs who are	dependent upo	rounds i.e. elde on a Member	rly pa	rents or disal	oled	
APPRO	VED DU	TY THAT (CARER SERV	ICE RELATES	то:-	6		
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TIME								
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To		1-044	NA.					
Total	hours	3.5	(Ma	ximum 4 hours	s)			
carer. I de	clare that siding wit	the carer is h me who h	nd necessarily in the duties as a land 16 years of agas provided the	ncurred expend Member of the e or over and n	liture Cound ot an	immediate m	nave actually ember of my	y paid the family or
				••••••••••	••••••	Date	23/10,	/.18
RECEIPT	ATTACL	VIDE RECIED (please t	II IS MAI K	ESULT IN NON	V-PAY	MENT OF T	HE CLAIM	
	ATTACI	(please	ick)	Yes X	No		-12 CEATIVI	
								H.
111.	annoneura:	T	O BE COM	PLETED BY	Y CA	RER		
declare th	nat I have	supplied the	e services detai	iled above.				
Signature d	of Carer					2/3	·	
Age of Car	er (please	tick) 16-1	7	······································	Da	ite	1.10./18	5
		-		8-20yrsX	•••••	.21 yrs & ove	er	#
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ouse return	i uns forn	i to: Democ	ratic Services,	Town Hall, St	Ives F	Road, Maiden	head Rerbo	SI 6 IDE
Members' Se	rvices:	Total Amoun	FOR OFFICE	E USE ONLY		,	DCIKS	SEO IKE
		Authorised f	or navment					7
ayroll:	Input by:	_ amiloriscu I	Date:	Batch no.	CI.	Date 18/12/	8	
				Баки по.	Check	ced by:	Date	

1 confirm receipt of £18



Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

DWOVE	
INVOICE SUBMITTED BY 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	
- Wie are dependent upon a Member	
APPROVED DUTY THAT CARER SERVICE RELATES TO:-	
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	
To To	
Total hours 3 hours (Maximum 4 hours)	
(Models)	
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. 24/16/18	-
RECEIPT ATTACHED (please tick) ULT IN NON-PAYMENT OF THE CLAIM.	1
RECEIPT ATTACHED (please tick) Yes No	
	1
TO BE COMPLETED BY CARER	
I declare that I have supplied the services detailed above.	7
Signature of Care	
Age of Carer (please tick) 16-17	
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF	
Members' Services: Total Amount Claimed & 19	
Authorized Comment L. 6	
Payroll: Input by	
Date: Batch no. Checked by Date	

25/10/18

1 confirm receipt of £22



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough of Windsor & Maidenhead

				TEIFD BA				
INVOIC	E SUBM	IITTED <u>BY</u>	COUNCILLO	OR (Please Print)		N AIRE	4	
NAME (OF CARI	ER						•••••
CATEGO	ORY OF	CARE PRO	OVIDED (pleas	se tick)		********		
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Care	for deper	idents on so	cial/medical a	rounds i.e. elde				\sim
		go who are	dependent upo	n a Member			led	
APPROV	ED DU	THAT C	ARED CEDVA	OF DEL AMPA				
······	Pelice	Briefing	.t. Cabinel	CE RELATES	10:- t!	Cabinet		
DATE O	F CAREI	R SERVICE	(DD/MM/YY)25/10	0/1	8		
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			DUTY AND R PER CLAIM		DE TR	RAVEL TIM	E UP TO A	
		ONE HOU	K PER CLAIN	М.				
TIME								
From		5 pm						
То		8,300	244					
Total 1	nours	3.5		ximum 4 hours	s)			
declare t	hat I have	actually on	d 11 .		550			
nabling n	ne to nert	orm approx	id necessarily i	ncurred expend	liture (on carer servi	ces for the p	urpose of
arer. I de	lare that	the comer is	ed duties as a f	Member of the	Counc	il and that I h	nave actually	paid the
erson resi	iding with	a ma sub a la	as provided the	e or over and n	ot an i	mmediate me	mber of my	family or
-10011100	will with	i me who h	as provided the	care.		3		inity of
ignature (Date Z.	5/10/	18
AILURE	TO PRO	VIDE RECI	TISMAY R	ESULT IN NON	V-PAV	MENT OF T	THE CLAIR	S. C. C. C. S. C.
RECEIPT	ATTACH	ED (please t	ick) Y	res X	No	MIENT OF 1	HE CLAIM.	
					110			
		Т	O RE COM	DI ETEN D	17.01			
declare th	at I have	supplied the	e services detai	PLETED BY	Y CA	RER		
ignature o	f Carer			8-20yrs×	Da	te 75	110 118	
ge of Car	er (please	tick) 16-1	7 1	8-20vrs ×	Da	21200 8 22		•••
T		r			,	.21 y15 & 0ve	·r	••
ase return	this form	to Democ	rotio Comi	T			:	ASSESSED NO.
	1011	i to. Delliot	FOR OFFICE	Town Hall, St	Ives R	oad, Maiden	head, Berks	SL6 1RF
embers' Ser	rvices:	Total Amou	nt Claimed £22	E USE ONLY				
		Authorised f	or payment			Det MAN	No.	
yroll:	Input by:		Date:	Batch no.	Charle	Date 13/12/		
					Check	cu by:	Date	

- 40				5,	11/18
	confirm	receipt	of	£10	

Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

	INVOICE	TID) (ITTERN >		- ZETED DI	COUNC	LLOR	
	INVOICE	ORWILLED B	Y COUNCIL	LOR (Please Print	i)N	AIREY	
	NAME OF	CARER		••••••			***************************************
	CATEGOR	Y OF CARE PE	ROVIDED (nl	ease tick)			
	Childca	re i.e. for childr	en aged 15 or	less			
	Care for	dependents on	social/modical				\times
			dependent u	pon a Member		or disabled	
- 1			1.5.0.19.1	VICE RELATES	SCIL		
	DATE OF C	ARER SERVIC	E (DD/MM/)	(Y) 5/1	1/18	••••••	***********
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1	MAXIMUM	OF ONE HO	JR PER CLA	IM.	DE IKAVE	CL TIME UP TO	A
	TIME						1
	From	1 4	PM				
	То	8	30 PM				
	Total hour			Maximum 4 h			
	1 1	•		/laximum 4 hours			
1	declare that	I have actually a	and necessarily	y incurred expend	diture on car	er services for the	
6	arer I deales	perform appro	ved duties as	a Member of the	Council and	er services for the that I have actual	purpose of
b	erson residin	that the carer	s 16 years of	age or over and n	ot an immed	that I have actual diate member of m	ly paid the
1			nas provided t	he care.		was monitor of in	y family or
1	ignature of M				r	Date 5 / /	1118
F	AILURE TO	PROVIDE REA	BIEDSMAY	DECITE THE PARTY OF	L	T OF THE CLAIN	ZI.D
	RECEIPT AT	TACHED (please	tick)	Yes X	N-PAYMEN No	T OF THE CLAIN	1.
				103	NO		
		,	O RE CO	ADI ECED D			
I	declare that I	have supplied t	1000 FF W W	MPLETED B	Y CARER		
			e common de	tailed above.			
Si	gnature of Ca	irer			Dota 6	5111.8	
Αį	ge of Carer (p	lease tick)		18-20yrsX.	Date	s & over)
		7					
Plea	se return this	form to: Demo	cratic Service	» Т II и о			
11			FOR OFFI	s, Town Hall, St CE USE ONLY	Ives Road, I	Maidenhead, Berk	s SL6 1RF
Me	embers' Service	S: Total Amo	unt Claimed £ it)			
Pay	roll: Inn	ut by:	for payment		Date	18/12/14	
		ut oy.	Date:	Batch no.	Checked by:	Date	-

			8/11/2018
1 conf	im rece	ipt of	£22.50
		U	,

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough of Windsor & Maidenhead

TO BE COMPLETED BY COUNCILLOR
INVOICE SUBMITTED BY COUNCILLOR (Please Print)
NAME OF CARER
CATEGORY OF CARE PROVIDED (please tick)
Children aged 15 or less
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member
APPROVED DUTY THAT CARER SERVICE RELATES TO:-
DATE OF CARER SERVICE (DD/MM/YY)
PLEASE NOTE, THE ALLOWANCE IS DAVIDED
QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM
MAXIMUM OF ONE HOUR PER CLAIM.
TIME
From 5 pm
To 8.45pm
Total hours 33/4 (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
FAILURE TO PROVIDE RECEIPT ATTACHED (please tick) Yes No No Yes
7 140
TO BE COMPLETED BY CARER
I declare that I have supplied the services detailed above.
Signature of Caron
Age of Carer (please tick) 16-1/
ease return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF FOR OFFICE USE ONLY
Verifibers Services: Total Amount Claimed £ 22, 50
Payroll: Input by: Date: Batch no Cl. 13/12/19
Date: Batch no. Checked by: Date

, My care -		10/12/10
I confirm receipt	of	10/12/18 £ 14.75

MI.VOB.III.WOL.W.

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough
of Windsor &
Maidenhead

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INVOICE SUBI	MITTED B'	Y COUNCILL	OR (Please Drin	A II A	CLUK	
NAME OF CAR	ER		ore (Frease Fill)	·····	4.4	
CATEGORY OF	F CADE DD	OMDED ()				
Childcare i.e	e. for childre	en aged 15 or l	ase tick)			
Care for depe	endents on s	ocial/medical	onov			X
	Se iiiio ui c	acpendent up	on a Member		r disabled	
APPROVED DU	TY THAT	CARER SERV	VICE RELATE	S TO:-		
DATE OF CARE	R SERVIC	E (DD/MM/Y	y) 10/1	2/18		
PLEASE NOTE	THE ALL	OWANCE	DATABLE		NOTE OF THE	
QUALIFYING A MAXIMUM OF	APPROVE	D DUTY ANI	CAN INCLU	DE TRAVEI	LTIME UP THE	A
	ONE HOU	K PER CLA	IM.			.
From	T					
To		JM				
	1.3	OPM				
Total hours	21/2		laximum 4 hou	rs)		
I declare that I have	e actually a					
I declare that I have enabling me to per carer. I declare tha	form appro	nd necessarily	incurred exper	diture on care	r services for the	purpose of
carer. I declare that	t the carer is	16 man - C	the	Council and	that I have actuall	y paid the
carer. I declare that person residing wi	th me who h	as provided th	ge of over and	not an immedi	ate member of my	y family or
Signature of Memb					¥	
				Da	ate. 10/12/	18
RECEIPT ATTAC	VIDE REC	EIPTS MAY F	RESULT IN NO	N-PAYMENT	OF THE CLAIM	
RECEIPT ATTAC	HED (please	tick)	Yes ×	No	OF THE CLAIM	l .
					_	
	T	O BE COM	IPLETED B	YCARED		
declare that I have	supplied th	e services deta	ailed above	CHAPA		
ignature of Caran			anod above.	W-100		1
ge of Carer (nless	e tick) 16			Date1.0	1.12/18	
ignature of Carer. ge of Carer (pleas	- tick) 10-	17	18-20yrsX		& over	
ease return this for	m to: Demo	cratic Services	, Town Hall, S	t Ives Road M	laidenhead Dani	OI C IDD
fembers' Services:	Total Amor	FOR OFFIC	E USE ONLY	- Touri, IV.	addefinead, Berks	SL6 IRF
	Authorised	int Claimed £ 10	Ψ-15			
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	10/	12/18
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of the		

ww.rbwm.gov.uk

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

Royal Borough of Windsor & Maidenhead

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

DIVOL	~~ ~~				COUNCILL	JK	
INVOI	CE SUBN	AITTED BY	COUNCILL	OR (Please Print)NA.	DEY	
NAME	OF CAR	ER		*****		«ны	
CATEC	ORY OF	CARE PR	OVIDED (plea	385936			
Chi	ildcare i.e	for childre	n aged 15 or le	ise tick)			
Com	. fam 1	1 Tor Crimare	aged 15 or le	ess			~
		O	dependent up	on a Member	erly parents or dis		
APPRO	VED DU	TY THAT (CARER SERV	ICE RELATES	S TO:-		
DATE C	F CARE	R SERVICI	E (DD/MM/Y	y) 10/1	7/18		*******
PLEAS	E NOTE.	THE ALL	OWANCE	DATZART	- Caronina Maria		
QUALI	FYING A	PPROVEI	DUTY AND	PAYABLE	OR THE LENG	TH OF THE	
MAXIM	IUM OF	ONE HOL	R PER CLAI	CAN INCLU	OR THE LENG DE TRAVEL TI	ME UP TO A	
TIME			KI EK CLAI	IVI.			
From							
		8.30	o am				
То		llan	۸				
Total	hours	2 1/2		aximum 4 hours	c)		
carer. I de person res Signature FAILURE RECEIPT	of Memb	the carer is h me who h er	nd necessarily yed duties as a 16 years of ag as provided th tick) O BE COM	incurred expended Member of the ge or over and recare Soull IN NO.	diture on carer ser Council and that not an immediate Date N-PAYMENT OF	nember of my	paid the family or
declare tl	hat I have	supplied th	services deta	iled above			
ianotina	- 0 0				(L)		
ge of Car	er (pleas	efick) 16 i	7		Date	15/ 18	
	- (picasi	10-1	/	18-20yrs	21 yrs & o	ver	1
	110						
ase returi	n this form	n to: Democ	eratic Services	Tour Hall o	Ives Road, Maid	vens	
			FOR OFFIC	E USE ONLY	Ives Road, Maid	enhead, Berks S	L6 1RF
embers' Se	ervices:	Total Amou	nt Claimed £ 10	L OSE UNLY			
11	T	Authorised	for paymen		D. M.	110]
yroll:	Input by:		Date:	Batch no.	Date 13/12 Checked by:		1
				110,	Checken by:	Date	

1 confirm receipt of £11.80



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

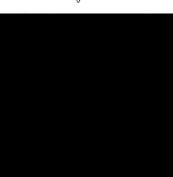
Royal Borough of Windsor & Maidenhead

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

NAME 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: Lead Mount of Care PROVIDED (please tick) DATE OF CARER SERVICE (DD/MM/YY) 11			TO	BE COM	IPLETED BY	COL	UNCILLO	R	
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: APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY) 12 // 8 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. IME From 10 2 0 0 0 (Maximum 4 hours) declare that I have actually and necessarily incurred expenditure on carer services for the purpose of nabling me to perform approved duties as a Member of the Council and that I have actually paid the arer. I declare that the carer is 16 years of age or over and not an immediate member of my family or erson residing with me who has provided the care. ignature of Member. Date 12 // 8 ALLURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. TO BE COMPLETED BY CARER declare that I have sumplied the care setting of Carer. Date 12 // 8 ALLURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. TO BE COMPLETED BY CARER declare that I have sumplied the care setting of Carer. Date 12 // 8 ALLURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. TO BE COMPLETED BY CARER declare that I have sumplied the care setting of Carer. Date 12 // 8 ALLURE TO PROVIDE RECEIPTS MAY RESULT IN SET	INVOIC	CE SUBN	AITTED BY	COUNCIL	LOR (Please Prin	t)	11 1	I AR COL	
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: ———————————————————————————————————	NAME	OF CAR	ER		- (- 10000 1 111)		··· {.\	11114.7	
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: ———————————————————————————————————	CATEG	ORY OF	CARE PRO	WIDED (-)	19.14.8		•••••••		
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:	Chil	dcare i.e	for children	aged 15 or	lease tick)				
APPROVED DUTY THAT CARER SERVICE RELATES TO: Lead Make College Colleg	Care	for dene	ndonta	raged 15 of	iess				~
APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY)			0	dependent u	ipoli a Member				
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 12.30 pm Total hours QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM. TIME From To 12.30 pm Total hours QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM. IT Total hours QUALIFYING APPROVED TO A MAXIMUM OF ONE HOUR PER CLAIM. IT TO 12.30 pm Total hours QUALIFYING APPROVED TO A MAXIMUM OF ONE HOUR PER CLAIM. (Maximum 4 hours) (Maximum 4 hours) declare that I have actually and necessarily incurred expenditure on carer services for the purpose of arer. I declare that I have actually paid the error residing with me who has provided the care. Ignature of Member. Date.	APPROV	VED DU	TY THAT C	CARER SER	RVICE RELATE	S TO:	4 Csimina	K. 80011	D Edu
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Total hours Comparison Com	-								
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TO BE COMPLETED BY CARER declare that I have supplied the series detailed above. gnature of Carer ge of Carer (please tick) 16-17	FAILURE	TO PRO	VIDE RECE	CIPTS MAY	RESULT IN NO	NI DAY	73 533	*****************	
TO BE COMPLETED BY CARER declare that I have supplied the country sold detailed above. gnature of Carer ge of Carer (please tick) 16-17	RECEIPT	ATTACH	IED (please t	ick)	Yes Y	N-PA)	MENT OF T	THE CLAIM.	
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gnature of Carer ge of Carer (please tick) 16-17 18-20yrs			T	O DE CO	MDI EMPR				
gnature of Carer ge of Carer (please tick) 16-17	declare th	a4 I 1	1	O BE CU	MIPLETED B	Y CA	RER		li e
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rembers' Services: Total Amount Claimed £ 11-80 Authorised for payment Authorised for payment For Office USE ONLY Date: Date 13/12/18					16-20yrs	•••••	.21 yrs & ove	er	
Authorised for payment Proll: Input by: Date: Date: 18/12/18									
Authorised for payment Proll: Input by: Date: Date: 18/12/18	ase return	this forn	n to: Democ	ratic Service	es, Town Hall. Si	Ives I	Road Maida-	shood D 1	GT 6 15 =
Authorised for payment Proll: Input by: Date: Date 18/12/18	lembers' Sar	nices:	T-1-1-1	FOR OFF	ICE USE ONLY	11031	coad, Maiden	mead, Berks	SL6 1RF
Input by: Date: Date 18/12/19		VICCS.	Authorized C	nt Claimed £	11-80				-
	yroll:	Input by:	Authorised f				Date 18/12	118	\dashv
Date				Date.	Batch no.	Chec	ked by:	Date	7

11/12/18

confirm receipt of \$23.



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough of Windsor & Maidenhead

TO BE COMPLETED BY COUNCILLOR
INVOICE SUBMITTED BY COUNCILLOR (Please Print). A AIREY
NAME OF CARER
CATEGORY OF CARE PROVIDED (please tick)
Children aged 15 or less
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member
APPROVED DUTY THAT CARER SERVICE RELATES TO:-
DATE OF CARER SERVICE (DD/MM/YY) 1 /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 4 pM To 10,45 pm
Total hours 33/4 (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 person residing with me who has provided the care.
Signature of Member Date. 11 / 12 / 18
RECEIPT ATTACHED (please tick) SULT IN NON-PAYMENT OF THE CLAIM. No
TO BE COMPLETED BY CARER
I declare that I have supplied the services detailed above.
Age of Carer (please tick) 10-17. Date
lease return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
Members' Services: Total Amount Claimed £ 23
Authorised for payment
Payroll: Input by: Date: Batch no. Checked by: Date

			13/12/18
- 1	confilm	receipt of	13/12/18 + 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).						
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	<i>y</i>					
children/siblings who are dependent upon a Member	3)					
APPROVED DUTY THAT CARER SERVICE RELATES TO:- COBINER & PRE-BRIEFING						
DATE OF CARER SERVICE (DD/MM/YY)						
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						
To 9pm'						
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 Date						
FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIR RECEIPT ATTACHED (please tick) Yes No	И.					
RECEIT ATTACHED (picase fick)						
TO BE COMPLETED BY CARER						
I declare that I have supplied the services detailed above.						
13/17/18	7					
The strategy of the strategy o						
Age of Carer (please tick) 16-17						
T T T	,					

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 £ 14.15

Members' Services: Total Amount Claimed £ 19-15

Authorised for paymer Date \(\frac{8112}{19} \)

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

	17/12/18
1 confirm receip	pt of \$18



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 AILEY								
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:-								
APPROVED DUTY THAT CARER SERVICE RELATES TO:- GIFLS' FOLLY FOLLY & PLANNING MESSING DATE OF CARER SERVICE (DD/MM/YY)								
QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.								
TIME From To JPM Total hours 3 (Maximum 4 hours) I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 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 FAILURE TO PROVIDE RECEIP IS MAY RESULT IN NON-PAYMENT OF THE CLAIM. RECEIPT ATTACHED (please tick) Yes No								
TO BE COMPLETED BY CARER								
Signature of Care Age of Carer (please tiek) 10 17								
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 ked by: Date

Checked by:

Total Amount Claimed £18

Date:

Authorised for payme

Members' Services:

Input by:

Payroll:

1 confirm receipt of \$\frac{12}{18}



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOICE SUBM	IITTED BY C	OUNCUL	D (D)	10 1 A M	CILLOR	
NAME OF CARI	ER	OUNCILL	OR (Please Print)	19171K	t.7	
CATEGORY OF		IDED / 1	200.000			1
Childcare i.e.	for children a	red 15 or lo	se tick)			`
Care for dense	ndonte and	ged 15 or le	SS			À
	igo who are de	pendent upo	n a Member	rly parents or dis	sabled	
APPROVED DU	TY THAT CA	RER SERV	ICE RELATES	TO:-		
DATE OF CARE	R SERVICE (DD/MM/YY	018/12	1180		*********
PLEASE NOTE, QUALIFYING A MAXIMUM OF	THE ALLOV	WANCE IS	PAYABLE FO		TH OF THE IME UP TO A	
TIME						- 1
From	8.30an	4				
То	12.30 PM					
Total hours	1 hour		ximum 4 hours	`		
I declare that I have enabling me to perform that person residing with Signature of Members FAILURE TO PRORECEIPT ATTACK	the carer is 16 h me who has er	years of ag provided the	e or over and ne care.	ot an immediate	member of my	y paid the family or
				NO		
	TO	BE COM	PLETED BY	CADED		
I declare that I have Signature of Carer. Age of Carer (please	supplied the s	ervices deta	iled above.		/_12/_/8	
Please return this form	n to: Democra	tic Services,	Town Hall, St	Ives Road, Maid	lenhead Rerks	SI 6 1DE
Members' Services:	Total Amount	Claimed f	E USE ONLY			STO IKH
Darme 11.	Authorised for	payment		D. GITT	176	
Payroll: Input by:		Date:	Batch no.	Date 18/11 Checked by:	Date	-
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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						
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:- MD Interviews - afternoon (2nd DATE OF CARER SERVICE (DD/MM/YY) 18/12/18 Leading to the service (DD/MM/YY) 18/12/18 Leading to the 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 12 300 au						
To 3 m						
Total hours 2.5 kev 15 (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 18/17/18						
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						

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

Members' Services:		Total Amount Claimed £	15		
		Authorised for payment		Date 181	12/18
Payroll:	Input by:	Date:	atch no.	Checked by:	Date

I confirm receipt of £ 23.60

Name: _ Sigmatur

)ROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR ILD CARE & DEPENDENTS' CARERS' SERVICES

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	1	1 1	M	
Date:	7 /	1 / 1	4	
Date.	1	1	_	

Date:	7/1/19	E	COMPLET	ED E	BY COUNC	ILLOR	
		(LL	OR (Please Prin	nt)	NARRY		
NAME OF	CARER		***************************************	•••••			
CATEGOR	Y OF CARE PR	OVIDED (ple	ase tick)				
Childea	re i.e. for childre	n aged 15 or 1	ess				
Care for children	dependents on s siblings who are	ocial/medical dependent up	grounds i.e. ele	ierly p	arents or disal	bled	X
	DUTY THAT	CARER SERV		ES TO:	-		
DATE OF C	ARER SERVIC					,	•••••••
PLEASE NO QUALIFYII	OTE, THE ALI NG APPROVE OF ONE HOU	OWANCE IS	S PAYABLE I			H OF THE IE UP TO A	A
TIME							
From	11.3	o am					
То	3.3						
Total hour	rs 4	-	laximum 4 hou	re)			
I dealars that	I have activally			•			
carer. I declar	I have actually a perform appro- e that the carer is g with me who be	16 years of a	GO OF OVER 1	nditure e Coun not an	on carer servicil and that I is immediate me	ices for the r have actuall; ember of my	ourpose of y paid the y family or
Signature of M					Date	7/1/F	9
FAILURE TO	PROVIDE REC	EIPTS MAY	RESULT IN NO	N_PAY	VMIENT OF T		
RECEIPT AT	FACHED (please	tick)	Yes X	No	TIMENT OF T	HE CLAIM.	
							1
		O BE CON	APLETED B	Y CA	RER		
I declare that I	have supplied th	ne services det	ailed above.		AMELE SALE		
Signature of Ca	arer.	• • • • • • • • • • • • • • • • • • • •	19 20 V	-	. 411	110	
Age of Carer (1	please tick) 16-	17	18-20yrsX		ate	./.Ŋ	
							The state of the s
lease return this	s form to: Demo	cratic Service	s, Town Hall. S	t Ives 1	Road Maida	hood D :	
Members' Service	S: Total Amor	FOR OFFIC ant Claimed £ 2	CE USE ONLY	7 - 0 1	wiaiden	nead, Berks	SL6 1RF
	Authorised	for payment	3.60				-
Payroll: Inp	out by:	Date:	Batch no.	Char	Date 25/1/1		
				Cuec	ked by:	Date	
							_

confirm receipt of £ 17. 70 ROUGH OF WINDSOR AND MAIDENHEAD ✓ame: INVOICE FOR ILD CARE & DEPENDENTS' CARERS' SERVICES Signatu Date: 15/1/19 **E COMPLETED BY COUNCILLOR** LOR (Please Print). N A MEY NAME OF CARER..... CA TEGORY 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:tealth + Wellbeing Board DATE OF CARER SERVICE (DD/MM/YY) | S / | 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. 1.5 / 0.1./.1.9 FAIL URE TO PROVIDE MAI 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.

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

	Total Amount Claimed	£ 17.70		
Input by:	Authorised for paymen Date:	Batch no.	Date 25/	1/19 Date
		Authorised for paymen	Authorised for payment	Authorised for payment Input by: Date: Date 25/

normini receipt of 2 <u>10</u> 9	ROUGH OF WINDSOR AND MAIDENHEAD
Name: _	INVOICE FOR LD CARE & DEPENDENTS' CARERS' SERVICES
Signatu	
Date: 17/1/19	COMPLETED BY COUNCILLOR
	LOR (Please Print) AIREY
CA TEGORY OF CARE PROVIDED	(please tick)
Childcare i.e. for children aged 15	or less
	cal grounds i.e. elderly parents or disabled t upon a Member
APPROVED DUTY THAT CARER SI	ERVICE RELATES TO:-
DATEOF CARER SERVICE (DD/MN	Arrived of Y land
DI ELASE NOTE THE ALL OF	WYY)[]//
QUALIFYING APPROVED DUTY A MAXIMUM OF ONE HOUR PER CI	E IS PAYABLE FOR THE LENGTH OF THE AND CAN INCLUDE TRAVEL TIME UP TO A LAIM.
TIME	LAIM.
Erom	
To 5.45pm	
Total hours 2 3/4	(Maximum 4 hours)
I declare that I have actually and necessar	
enabling me to perform approved duties	as a Member of the Court is a service for the purpose of
person residing with me who has provide	arily incurred expenditure on carer services for the purpose of as a Member of the Council and that I have actually paid the of age or over and not an immediate member of my family or ad the care.
Signature of Member	14/./.
FAIL URE TO PROVIDE RECEIPTS MA	Y RESULT IN NON-PAYMENT OF THE CLAIM.
RECEIPT ATTACHED (please tick)	Yes Y No THE CLAIM.
TO BE CO	OMPLETED BY CARER
Signature of Carer	
Age of Carer (please tick) 16-17	Date 18-20yrs
	.21 yrs & over
Please return this form to: Democratic Servi	ices, Town Hall St Ives D
Members' Services: Total Amount Claimed &	ices, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
Payroll: Authorised for payment	16.20
Payion: Input by: Date:	Date 25/1/19 Checked by: Date

confirm receipt of £ 16.50

confirm receipt of £ 15.00	
(confirm receipt of 2_1_2.00	ROUGH OF WILLIAM
Namo	ROUGH OF WINDSOR AND MAIDENHEAD
Name:	INVOICE POR
	ILD CARE & DEPENDENTS' CARERS' SERVICES
Signature	CARERS SERVICES
Date: 21/1/19	E COMPLETED BY COUNCILLOR
	LOR (Please Print). AIREY
L MANUE OF CARER	•••••
CATEGORY OF CARE PROVIDE	D (please dist)
aged i.e. for children aged	15 or less
Care for dependents on social/ma	odi1
children/siblings who are depend	edical grounds i.e. elderly parents or disabled
A PPROVED DITTO	SERVICE RELATES TO:- LICY FOR UM + MENUBER BRIGHTING MM/YY) 21 / 1 / 19 ON POLICING PLA
THAT CARER	SERVICE RELATES TO:-
TATE OF	TICY FORUM + MEMBER ROID
DATE OF CARER SERVICE (DD/N	MM/YY) 21/1/19 ON POLLUTE
PILEASE NOTE. THE ATTOMICA	NCE IS PAYABLE FOR THE LENGTH OF THE Y AND CAN INCLUDE TRAVEL
QUALIFYING APPROVED DUTTS	CE IS PAYABLE FOR THE LENGTH OF THE
MAXIMUM OF ONE HOUR PER	CE IS PAYABLE FOR THE LENGTH OF THE Y AND CAN INCLUDE TRAVEL TIME UP TO A CLAIM.
TIME	CLIMITY.
From	_
To	
Total hours 7 12 1	
2/2 hour	(Maximum 4 hours)
declare that I have not all	,
enabling me to perform approved design	ssarily incurred expenditure on carer services for the
arer. I declare that the carer is 16 years	ssarily incurred expenditure on carer services for the purpose of es as a Member of the Council and that I have actually paid the rs of age or over and not an immediate member of my family or ided the care.
erson residing with me who has provi	ided the care
ionature of Momban	
ignature of Member	
AILURE TO PROVIDE RI	Date
RECEIPT ATTACHED (please tick)	Yes X No THE CLAIM.
	Tes No
TO DE	CONTRACTOR TO
declare that I have supplied to	COMPLETED BY CARER
	Per detail 1 1
gnature of Carer	
ge of Carer (please tick) 16-17	18-20 Date Date
	Date 2// 1/9
ase return this forms	A
to: Democratic Se	ervices, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
embers' Services: Total Amount Claime	OFFICE USE ONLY
Authorised for payme	
yroll: Input by: Date:	Date 25/1/19

Batch no.

Date 25/1/19 Checked by:

Date

Authorised for paymen
Date:

Input by:

⊒confirm receit	ot of £ 11.80	
	<u> </u>	POLICIA
Name:		ROUGH OF WINDSOR AND MAIDENHEAD
		INVOICE FOR
Signature:		LD CARE & DEPENDENTS' CARERS' SERVICES
9		SERVICES
Date: 2) /	1/19	COMPLETED BY COUNCILLOR
NAME OF CARE	R	OR (Please Print). AIREY
The second secon		***************************************
Childcare i.e.	CARE PROVIDED (for children aged 15	(please tick)
Care for depen	dents an anitive	or less
children/siblin	gs who are dependent	cal grounds i.e. elderly parents or disabled
APPROVED DUT	Y THAT CARED GI	The same type model
	L.CAD	ERVICE RELATES TO:- MEMBER BRIGHING - BUDGET
DATE OF CARED	CEDIMOR OF T	THIS IS STING - BUDGET
	TATTA	
PLEASE NOTE,	THE ALLOWANC	E IS PAYABLE FOR THE LENGTH OF THE
MAXIMIMORO	PPROVED DUTY A ONE HOUR PER CI	E IS PAYABLE FOR THE LENGTH OF THE AND CAN INCLUDE TRAVEL TIME UP TO A LAIM.
Laboratoria Companya (Companya Companya	ME HOUR PER C	LAIM.
TIME		
From	3pm	
To ·	SPM	
Total hours	2 hours	(Maximum 4 hours)
I declare that I have	0.0411. 1	Thous,
enabling me to perfe	actually and necessar	as a Member of the Council and that I have not at its
carer. I declare that	the carer is 16 years	
person residing with	me who has provide	and the care
Signature of Membe		
		Date 21/1/19
RECERT ATTACK	VIDE RECEIPTS MA	AY RESULT IN NON-PAYMENT OF THE CLAIM.
RECENT ATTACH	ED (please tick)	Yes No No THE CLAIM.
	TO BE CO	OMPLETED BY CARER
I declare that I have s	supplied the services	detailed
Signature of Carer	AND THE RESIDENCE OF STREET OF STREET	auove.
Age of Carer (please	tick) 16 17	Date21/ 1/19
1 1		Date21/ 1/9 . 18-20yrs
anna mak	•	
ease return this form	to: Democratic Servi	ices, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF
Members' Services:	Total Amount Ci	FFICE USE ONLY Road, Maidenhead, Berks SL6 1RF
	Total Amount Claimed & Authorised for payment	ž]]· %O
Payroll: Input by:	Date	Date 25/1/19

atch no.

Date 25/1/19 Checked by:

Date

Authorised for payment Date:

pate: 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 DE COMDIETED DV COUNCILLOD

IO BE COMPLETED BY COUNCILLOR					
INVOICE SUBMITTED BY COUNCILLOR (Please Print)					
NAME OF CARER					
CATEGORY OF CARE PROVIDED (please tick)					
Childcare i.e. for children aged 15 or less					
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member					
APPROVED DUTY THAT CARER SERVICE RELATES TO:-					
DATE OF CARER SERVICE (DD/MM/YY)					
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 9.300m 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 24/5/18					
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 Ca Date 24/5/18					
Age of Carer (please tick) 10-17					

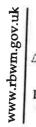
Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

18
Date

25 19/18

1 confirm receipt of £25.

Signature:



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

INVOIC	E SUBM	IITTED BY	COLINICITY	OD (D)		- 1	Ain all	
NAME OF CARER								

CATEGORY OF CARE PROVIDED (please tick) Childcare i.e. for children aged 15 or less								
Como	Care for dependents on social/medical grounds i.e. elderly parents or disabled							
child	ren/siblir	ndents on so gs who are	ocial/medical dependent up	grounds i.e. eld on a Member	erly pa	rents or disal	bled	
APPROV	ED DU	TY THAT	ADED CENT	/ICE RELATE				
		F.Y.].	COUNCIL	ICE RELATE	S TO:-			
DATE O	F CARE	R SERVICE	E (DD/MM/Y	y) 25/ 9	/19	 В	•••••••	••••••
PLEASE	NOTE,	THE ALL	OWANCE IS	PAYABLE F	OD m			
QUALIF	YING A	PPROVEI	DUTY ANI	D CAN INCLU	OK TI	HE LENGT	H OF THE	
MAXIM	UM OF	ONE HOU	R PER CLAI	IM.	DE II	KAVEL TIN	AE UP TO A	L
TIME								
From		1.						
To		7 pr						/
	Total have							
		4		aximum 4 hour				
earer. I dec erson resi	clare that iding with	the carer is n me who h	nd necessarily yed duties as a 16 years of a as provided th	incurred expen Member of the ge or over and recare.	diture Cound not an i	on carer serveil and that I immediate m	ices for the p have actually ember of my	ourpose of y paid the family or
Signature of					•••••	Date	25/9	//8
AILURE TO PROVIDE RECEIPTS MAY DECLY								
RECEIPT ATTACHED (please tick) Yes No No								
				-				
		T	O BE COV	IPI ETED D	VO	DED		
declare th	declare that I have supplied the services detailed above.							
ignature o	f Carer		• • • • • • • • • • • • • • • • • • • •		Do	to 251	9/18	
ge of Care	gnature of Carer ge of Carer (please (ICK) 16-17							
T	-	- T				.21 yis & ove	er	
ase return	this form	to. D.				1		·
Iviaili	uns tom	i to: Democ	cratic Services	, Town Hall, St	Ives F	Road, Maider	nhead, Rerke	SI 6 1PF
ase return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF FOR OFFICE USE ONLY Total Amount Claimed £ 25								
		Authorised t	for payment			200		
yroll:	Input by:		Date:	Batch no.	Chaol	Date 24/10	1 0	
			1	no.	Check	ked by:	Date	

26/9/18



Payroll:

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR

MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

Royal Borough of Windsor & Maidenhead TO BE COMPLETED BY COUNCILLOR

INVOICE S	UBMIT	TED BY CO	UNCILLO	R (Please Print)	٠٢	AIRE	Υ	
NAME OF CARER								
Childea Care for	re i.e. for depende	ARE PROVIE children age nts on social/ who are depe	ed 15 or les /medical gr	s rounds i.e. elderly	paren	ts or disabled	X	
APPROVED DUTY THAT CARER SERVICE RELATES TO:- Girls Policy Forum + Children's Ob S Parel								
DATE OF C	CARER S	SERVICE (D	D/MM/YY	26 /	9.1	18		
PLEASE N QUALIFYI	OTE, TI NG API	HE ALLOW	ANCE IS	PAYABLE FOR CAN INCLUDE	THE	E LENGTH (
enabling me carer. I decla person resid Signature of FAILURE T	t I have a to performer that the ing with Member	rm approved he carer is 16 me who has j	(Management of age of a	RESULT IN NON-	ounci an in	l and that I han mediate men	ve actually panber of my far	id the nily or
		TO	BE CON	APLETED BY	CA	RER		
Signature of	Carer.	supplied the s	services det		Dat	te 26 /	9/18	
		to: Democra		es, Town Hall, St	Ives R	oad, Maidenl	head, Berks Sl	
Members' Ser	vices:	Total Amount		12.50				
D 11"		Authorised for				Date 20/10/		
Payroll:	Input by:		Date:	Batch no.	Checl	ced by:	Date	ľ

27/09/18

1 confirm receipt of \$20.



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

Royal Borough of Windsor & Maidenhead

TO BE COMPLETED BY	COUNCILLOR
INVOICE SUBMITTED BY 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. elde children/siblings who are dependent upon a Member	rly parents or disabled
APPROVED DUTY THAT CARER SERVICE RELATES	TO:-
Cabinet + Pre-Briefing	
DATE OF CARER SERVICE (DD/MM/YY) 27/00	(/18
PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR QUALIFYING APPROVED DUTY AND CAN INCLUMAXIMUM OF ONE HOUR PER CLAIM.	OR THE LENGTH OF THE
TIME	
From 6pm	,
To q 15pm	
Total hours (Maximum 4 hour	rs)
I declare that I have actually and necessarily incurred experenabling me to perform approved duties as a Member of the carer. I declare that the carer is 16 years of age or over and person residing with me who has provided the care.	e Council and that I have actually paid the
Signature of Member	Date 27/09/18
FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NO	
RECEIPT ATTACHED (please tick) Yes	No
TO BE COMPLETED I	BY CARER
I declare that I have supplied the services detailed above.	
Signature of Carer	Date 27/09/18
Age of Carer (please tick) 16-17 18-20yrs	21yrs & over
	Tr.
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 Authorised for payment	Date 24/10/18
Payroll: Input by: Date: Date:	Checked by: Date