MEMBERS' INFORMATION AND COMPUTER TECHNOLOGY (ICT) ALLOWANCE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIM BY COUNCILLOR: Simon Werner

ICT ALLOWANCES FOR THE MONTH OF: Dec 2018 to Feb 2019

DATE OF PURCHASE	FULL DESCRIPTION OF ICT ITEM PURCHASED	AMOUNT CLAIMED £	AMOUNT CLAIMED p	RECEIPTS ATTACHED* YES	RECEIPTS ATTACHED* NO
27/12/2018	Tablet	69	85	yes	
		TOTAL 69	85		

PLEASE COMPLETE ONE LINE FOR EACH ITEM CLAIMED FOR AND SIGN BELOW AFTER READING THE DECLARATION.

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

I declare that I have actually and necessarily incurred expenditure on ICT equipment for the purposes of enabling me to perform approved duties as a Member of the Council and that I have actually made the payments shown

Signature of Member: Simon Werner   Date 21/2/2019.....................

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date:		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

ref 305549

MEMBERS' INFORMATION AND COMPUTER TECHNOLOGY (ICT) ALLOWANCE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIM BY COUNCILLOR: Simon Werner
ICT ALLOWANCES FOR THE MONTH OF: Dec 2018 to Feb 2019

DATE OF PURCHASE	FULL DESCRIPTION OF ICT ITEM PURCHASED	AMOUNT CLAIMED		RECEIPTS ATTACHED*	
		£	p	YES	NO
~~20/2/2019~~	~~Tablet~~	~~69~~	~~85~~	~~yes~~	
20/2/2019	Case to protect tablet	10	90	yes	
27/12/2019	External Hard Drive	76	99	yes	
PLEASE COMPLETE ONE LINE FOR EACH ITEM CLAIMED FOR AND SIGN BELOW AFTER READING THE DECLARATION.		TOTAL	~~87~~ 87	~~74~~ 89.		

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

I declare that I have actually and necessarily incurred expenditure on ICT equipment for the purposes of enabling me to perform approved duties as a Member of the Council and that I have actually made the payments shown

Signature of Member: Simon Werner   Date 21/2/2019.....................

For Office Use Only						
Democratic Services:	Authorised for Payment:	████████	Date: 7/3/19.			
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:	