

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: DARAK WILSON  
 COUNCILLOR NUMBER (as found on payslip).....


FOR ALLOWANCES FOR THE MONTH OF: .....

| REASON(S) FOR CLAIM  |                                     |  | AMOUNT CLAIMED |
|----------------------|-------------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED      | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 30/1/2019            | Asot Room<br>The Guildhall, Windsor | Licensing Panel  |                |
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| <b>TOTAL CLAIMED</b> |                                     |  | <b>£30</b>     |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 30/1/2019

|                      |                         |   |           |               |       |
|----------------------|-------------------------|---|-----------|---------------|-------|
| For Office Use Only  |                         |   |           |               |       |
| Democratic Services: | Authorised for Payment: |  | Date:     | <u>5/2/19</u> |       |
| Payroll:             | Input by:               | Date:   | Batch No: | Checked by:   | Date: |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: Derek John Wilson  
 COUNCILLOR NUMBER (as found on payslip).....



FOR ALLOWANCES FOR THE MONTH OF:.....

| REASON(S) FOR CLAIM  |                                   |  | AMOUNT CLAIMED |
|----------------------|-----------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED    | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 10.1.2019            | COUNCIL CHAMBERS<br>THE GUILDHALL | LICENSING PANEL JUS - COMMITTEE  |                |
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| <b>TOTAL CLAIMED</b> |                                   |  | <b>£60</b>     |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 10/1/2019

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|----------------------|-------------------------|---|-----------|----------------|
| For Office Use Only  |                         |   |           |                |
| Democratic Services: | Authorised for Payment: |  | Date:     | <u>25/1/19</u> |
| Payroll:             | Input by:               |  | Batch No: | Checked by:    |
|                      |                         |   |           | Date:          |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: Derek Wilson  
 COUNCILLOR NUMBER (as found on payslip) .....

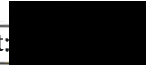

FOR ALLOWANCES FOR THE MONTH OF: .....

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 23/1/2019            | Asst / Study room Town Hall    | Appeals Panel  |                |
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| <b>TOTAL CLAIMED</b> |                                |  | <b>£30</b>     |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:.....  .....

Date: 23/1/2019 .....

|                      |   |                      |                               |
|----------------------|---|----------------------|-------------------------------|
| For Office Use Only  |   |                      |                               |
| Democratic Services: | Authorised for Payment:  | Date: <u>25/1/19</u> |                               |
| Payroll:             | Input by:                | Batch No:            | Checked by: _____ Date: _____ |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: DRACK WILSON  
 COUNCILLOR NUMBER (as found on payslip).....


FOR ALLOWANCES FOR THE MONTH OF: DECEMBER 2018

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| <u>14.12.2018</u>    | <u>Council chamber, T.H.</u>   | <u>Appeals panel</u>   | <u>£30</u>     |
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| <b>TOTAL CLAIMED</b> |                                |  |                |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 14/12/18 .....

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|----------------------|-------------------------|---|-----------|-----------------|-------|
| For Office Use Only  |                         |   |           |                 |       |
| Democratic Services: | Authorised for Payment: |  | Date:     | <u>18/12/18</u> |       |
| Payroll:             | Input by:               | Date:   | Batch No: | Checked by:     | Date: |



# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: Derek Wilson  
 COUNCILLOR NUMBER (as found on payslip) .....

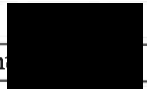
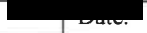
FOR ALLOWANCES FOR THE MONTH OF: .....

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 31.10.18             | ASCOT/BRAY ROOM                | LICENSING APPEALS PANEL  | £30            |
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| <b>TOTAL CLAIMED</b> |                                |  |                |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 31/10/18 .....

|                      |                        |   |       |                 |             |  |
|----------------------|------------------------|---|-------|-----------------|-------------|--|
| For Office Use Only  |                        |   |       |                 |             |  |
| Democratic Services: | Authorised for Payment |  | Date: | <u>31/10/18</u> |             |  |
| Payroll:             | Input by:              |  | Date: |                 | Batch No:   |  |
|                      |                        |   |       |                 | Checked by: |  |
|                      |                        |   |       |                 | Date:       |  |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

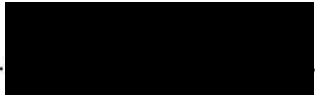
CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: ...DARAK JOHN WILSON.....  
 COUNCILLOR NUMBER (as found on payslip).....



FOR ALLOWANCES FOR THE MONTH OF: .....

| REASON(S) FOR CLAIM  |                                  |  | AMOUNT CLAIMED |
|----------------------|----------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED   | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 15 OCT 2018          | COUNCIL CHAMBER<br>THE QUINDHALL | LICENSING PANEL  | £30            |
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| <b>TOTAL CLAIMED</b> |                                  |  | £30            |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 15/10/2018

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|----------------------|-------------------------|---|-------|-----------------|-------------|-------|
| For Office Use Only  |                         |   |       |                 |             |       |
| Democratic Services: | Authorised for Payment: |  | Date: | <u>24/10/18</u> |             |       |
| Payroll:             | Input by:               |  | Date: | Batch No:       | Checked by: | Date: |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: Reade Wilson  
 COUNCILLOR NUMBER (as found on payslip).....


FOR ALLOWANCES FOR THE MONTH OF: Oct

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 10/10/18             | Asiat Room, The Guildhall      | Appeals Panel  | \$60           |
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| <b>TOTAL CLAIMED</b> |                                |  |                |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:..... 

Date: 10th October 2018

|                      |                        |   |           |             |       |
|----------------------|------------------------|---|-----------|-------------|-------|
| For Office Use Only  |                        |   |           |             |       |
| Democratic Services: | Authorised for Payment |  | Date:     | 12/10/18    |       |
| Payroll:             | Input by:              | Date:   | Batch No: | Checked by: | Date: |



# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: DRAEK WILSON  
 COUNCILLOR NUMBER (as found on payslip) .....

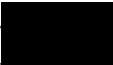
FOR ALLOWANCES FOR THE MONTH OF: Oct 2018

| REASON(S) FOR CLAIM  |                                      |  | AMOUNT CLAIMED |
|----------------------|--------------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED       | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 2/10/18              | Ascot Room<br>The Guildhall, Windsor | Appeals Panel  | £30            |
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| <b>TOTAL CLAIMED</b> |                                      |  |                |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:.....  .....

Date..... 2/10/2018

|                      |                         |   |           |                 |       |
|----------------------|-------------------------|---|-----------|-----------------|-------|
| For Office Use Only  |                         |   |           |                 |       |
| Democratic Services: | Authorised for Payment: |  | Date:     | <u>12/10/18</u> |       |
| Payroll:             | Input by:               | Date:   | Batch No: | Checked by:     | Date: |





# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

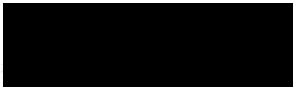
CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR: Derek Wilson  
 COUNCILLOR NUMBER (as found on payslip).....



FOR ALLOWANCES FOR THE MONTH OF: July 2018

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 13.7.2018            | COUNCIL CHAMBER<br>TOWN HALL   | LICENSING APPEAL   | 30             |
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| <b>TOTAL CLAIMED</b> |                                |  | <b>30.00</b>   |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:  .....

Date: 13.7.2018 .....

|                      |                        |   |       |                |             |       |
|----------------------|------------------------|---|-------|----------------|-------------|-------|
| For Office Use Only  |                        |   |       |                |             |       |
| Democratic Services: | Authorised for Payment |  | Date: | <u>17/7/18</u> |             |       |
| Payroll:             | Input by:              |  | Date: | Batch No:      | Checked by: | Date: |

# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.


CLAIM BY COUNCILLOR: DAVE WILSON  
 COUNCILLOR NUMBER (as found on payslip).....  
 FOR ALLOWANCES FOR THE MONTH OF: JUN

| REASON(S) FOR CLAIM  |                                |  | AMOUNT CLAIMED |
|----------------------|--------------------------------|--|----------------|
| DATE                 | PLACE WHERE DUTY WAS PERFORMED | DESCRIPTION OF APPROVED DUTY<br>(Please indicate officer arranging meeting if not Democratic Services) |                |
| 22.6.18              | COUNCIL CHAMBER<br>TOWN HALL   | LICENSING APPEAL   | £30.00         |
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| <b>TOTAL CLAIMED</b> |                                |  | <b>£30.00</b>  |

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member: 

Date: 22/6/2018

|                      |   |                      |                        |
|----------------------|---|----------------------|------------------------|
| For Office Use Only  |   |                      |                        |
| Democratic Services: | Authorised for Payment:  | Date: <u>26/6/18</u> |                        |
| Payroll:             | Input by:   | Batch No:            | Checked by:      Date: |

