

MEMBERS' MILEAGE CLAIM FORM

2

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

CLAIM BY COUNCILLOR: CLYR. S. LUXTON

COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) 894413B

FOR ALLOWANCES FOR THE MONTH OF: Sept/Oct/Nov/Dec/Jan

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached)	
							£	p
31.10.18	10.		Town Hall	Taxi Appeal Sub Panel		36		
1.11.18	10.00		Town Hall	Home to School Appeal		36		
5.11.18	7.00		Town Hall	Council		36		
13.11.18	6.30	(u.w.m)	Guild Hall	Culture & Com. Panel.		24		
26.11.18	6.30		Windsor	Tourism Dev. Forum		24		
29.11.18	6.30		Town Hall	Corp. Parenting Forum		36		
11.12.18	7.30		Windsor	Council		24		
14.12.18			Town Hall	Taxi Appeal		36		
8.1.19	6.00		Town Hall	Licensing Panel		36		
16.1.19	4.15		Town Hall	Taxi Lic. Appeal		36		
23.1.19	9.15		Town Hall	Taxi Lic. Appeal		36		
28.1.19	7.30		Town Hall	Council		36		
SUB TOTAL						288		
TOTALS CLAIMED						£129.60		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED

YES / NO*

*Please delete as appropriate

Signature of Member

Date.....

For Office Use Only					
Democratic Services:	Authorised for Payment	Date: 12/4/19			
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

MEMBERS' MILEAGE CLAIM FORM

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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

CLAIM BY COUNCILLOR: CCL. S LUXTON
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) 894413B

FOR ALLOWANCES FOR THE MONTH OF: Sep/Oct/Nov/Dec/Jan/Feb

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR	PUBLIC TRANSPORT (Receipts must be attached)	
						Mileage	£	p
29.1.19	6:30		Town Hall	Children Soc OES		36		
31.1.19	6.30		Town Hall	Cultural Com. OES		36		
12.2.19	19.00		Town Hall	Audit & Performance		36		
25.2.19	5:00.		Town Hall	Corp. Parenting		36		
26.2.19	7:00.		Town Hall	Full Council		36		
PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN BELOW AFTER READING THE DECLARATION OVERLEAF.						SUB TOTAL	180	
Less any amount claimed/received from any other Authority/Body.								
						TOTALS CLAIMED	£81	

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED

YES / NO*

*Please delete as appropriate

Signature of Member: [REDACTED]

Date:

For Office Use Only			
Democratic Services:	Authorised for Payment	Date: 12/4/19	
Payroll:	Input by:	Date:	Batch No: Checked by: Date:

MEMBERS' MILEAGE CLAIM FORM

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

CLAIM BY COUNCILLOR: CLIR. S. LUTON
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) 894413B
FOR ALLOWANCES FOR THE MONTH OF: Sept/Oct/Nov/Dec/Jan

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR Mileage	PUBLIC TRANSPORT (Receipts must be attached)	
							£	p
10.9.18	5:30.		Town Hall	Corp. Parenting		36		
19.9.18	7.00.		Braysbury	Windsor Rural Planning		28		
17.10.18	7: pm		Windsor	Windsor Rural Management		24		
20.9.18	6.00.		Town Hall	Audit & Performance Panel		36		
24.9.18	5:30		Town Hall	Culture & Com. OES.		36		
25.9.18	7.30.		Town Hall	Committee		36		
26.9.18	7.00.		Town Hall	Children Soc. OES		36		
2.10.18	10. a.m.		Windsor	Taxi appeal Panel (Andy)		24		
10.10.18	10. a.m.		Windsor	Taxi appeal Panel (Andy)		24		
15.10.18	10. a.m.		Windsor	Taxi Sub Panel. (Shilpa)		24		
16.10.18	6.30.		Town Hall	Children Soc. OES.		36		
17.10.18	7: pm.		Windsor.	Windsor Rural Dev. Panel.		24		
SUB TOTAL						340		
TOTALS CLAIMED						£153		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN

BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed, and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED

YES / NO*

*Please delete as appropriate

Signature of Member: [Redacted]

Date:

For Office Use Only			
Democratic Services:	Authorised for Payment:	Date:	6/8/19
Payroll:	Input by:	Date:	
		Batch No:	
		Checked by:	
		Date:	

MEMBERS' MILEAGE CLAIM FORM

2

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

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

CLAIM BY COUNCILLOR: CLYR. S. LUXTON
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) 894413B

FOR ALLOWANCES FOR THE MONTH OF: Sept/Oct/Nov/Dec/Jan

PERIOD COVERED BY CLAIM			REASON(S) FOR CLAIM			TRAVEL ALLOWANCE CLAIMED		
DATE	TIME FROM	TIME TO	PLACE WHERE DUTY WAS PERFORMED	DESCRIPTION OF APPROVED DUTY	PLEASE STATE WHICH OFFICER ARRANGED THIS MEETING IF NOT DEMOCRATIC SERVICES	PRIVATE CAR	PUBLIC TRANSPORT (Receipts must be attached)	
						Mileage	£	p
31.10.18	10.		Town Hall	Taxi Appeal Sub Panel		36		
1/11/18	10.am		Town Hall.	Home to School Appeal.		36		
5/11/18	7.00		Town Hall	Council		36		
13.11.18	6.30.	(4.45pm)	Guild Hall.	Culture & Com. Panel.		24		
26.11.18	6.30.		Windsor	Tourism Dev. Forum		24.		
29.11.18	6.30.		Town Hall.	Corp. Parenting Forum		36		
11.12.18	7.30		Windsor.	Council.		24.		
14.12.18			Town Hall	Taxi Appeal.		36		
8.1.19.	6.00.		Town Hall	Licensing Panel.		36		
16.1.19.	4:15		Town Hall	Taxi Lic. Appeal!		36		
23.1.19.	9:15		Town Hall	Taxi Lic. Appeal.		36		
26.1.19.	7:30		Town Hall	Council		36		
SUB TOTAL						360		
TOTALS CLAIMED						£162		

PLEASE COMPLETE ONE LINE FOR EACH MEETING, CONFERENCE ETC YOU HAVE ATTENDED AND SIGN

BELOW AFTER READING THE DECLARATION OVERLEAF.

Less any amount claimed/received from any other Authority/Body.

[N.B. Please ensure that you have attached (a) valid VAT receipt(s) - i.e. a till receipt pre dating the first journey claimed and showing the petrol company's VAT registration number and identify the amount paid for fuel.]

VAT RECEIPT ATTACHED

YES / NO*

*Please delete as appropriate

Signature of Member

Date:

For Office Use Only					
Democratic Services:	Authorised for Payment:		Date:	6/8/19	
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

CLAIM BY COUNCILLOR: CLUB S. LUXTOR
COUNCILLOR NUMBER (as found on payslip) 894413B
FOR ALLOWANCES FOR THE MONTH OF: Lic. Penet.

FOR ALLOWANCES FOR THE MONTH OF:

TOTAL CLAIMED

Signature of Member

Democratic Services:

Authorised for Payment

Input by:

Batch No:

Checked by:

Date: _____

Date 17/4/19

ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

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

CLAIM BY COUNCILLOR:

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 (Please indicate officer arranging meeting if not Democratic Services)	
15/3/18	Town Hall.	Lic. Sub Panel.	
TOTAL CLAIMED			\$60

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..... 11/13/2011

For Office Use Only

Democratic Services:	Authorised for Payment:
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Payroll:	Input by:
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Date: 2013/19

Batch No:	Checked by:
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Date: _____