

# MEMBERS' MILEAGE CLAIM FORM

## ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st OF EACH MONTH

CLAIM BY COUNCILLOR: COO, 22/2  
COUNCILLOR (EMPLOYEE) NUMBER (as found on payslip) 18352 C  
FOR ALLOWANCES FOR THE MONTH OF: FEB/MAR

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
25/2	1900	2359	TOWN HALL	COUNCIL		6		
26/2	1700	1900	"	SCHOOL IMPROVEMENT FORUM		6		
27/2	1330	1500	YORK HOUSE	SWM NEXT STEPS	H. HURCH	12		
<del>27/2</del>	<del>1800</del>	<del>1930</del>	<del>"</del>	<del>CARINER LEADERS BOARD</del>		<del>—</del>	<del>—</del>	<del>—</del>
2/3	1000	1100	TOWN HALL	MEETING WITH ST. DEELEY		6		
3/3	1900	2100	"	PARISH COUNCIL		6		
4/3	1100	1230	"	HOME TO SCHOOL APPAL		6		
5/3	11300	1230	"	MEETING WITH DIRECTOR	R. KILFLE	6		
5/3	1600	1630	"	UPDATE ON TRIANGLE SITE	"	6		
5/3	1800	2000	YORK HOUSE	LEADERS BOARD		12		
6/3	1100	1300	ASCOT PARISH	ASCOT PLACEMAKERS	H. HURCH	17		
10/3	1230	2030	TOWN HALL	ESTD/MEMBER STANDARD PANEL		6		
SUB TOTAL						89		
TOTALS CLAIMED						89		

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: 11/3/20

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



# ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 1st  
OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: ..... COOPER .....  
COUNCILLOR NUMBER (as found on payslip) .....  
FOR ALLOWANCES FOR THE MONTH OF: FEB / MARCH .....

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)	
4/3	TOWN HALL	Home to School Appeal	33 —
TOTAL CLAIMED			33 —

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..... 4/3/20 .....

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