



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).....Amy Tisi

NAME OF CARER.....Angie Pinnock (Sitters.co.uk).....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	x
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:-

.....Windsor Vision Workshop

DATE OF CARER SERVICE (DD/MM/YY)29.09.22.....

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	12:30pm
To	5:30pm
Total hours	5 (Maximum 5 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.....29.09.22.....

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

RECEIPT ATTACHED (please tick)	Yes	x	No	
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TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.....See receipt..... Date.....29.09.22....

Age of Carer (please tick) 16-17..... 18-20yrs..... 21yrs & over.....✓.....

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 £		Date	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

DATE 29 / 09 / 22 No 1.

RECEIVED FROM Amy Tisi

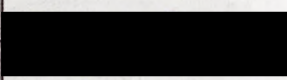
THE SUM OF £60.

CHEQUE

CASH

DISCOUNT

60	00



WITH THANKS