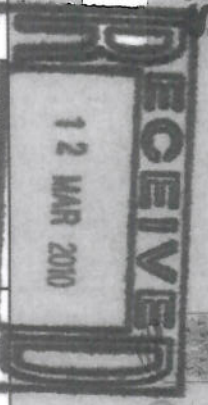


CLAIM FOR COUNCILLORS' ALLOWANCES

Worcestershire
County Council

NAME: **M. BRIDGMAN, 110005.**

This claim must be made within two months of the date of the duty carried out.



I CLAIM

DATE	DESCRIPTION OF DUTY	LOCATION OF DUTY	PLACE & TIME OF DEPARTURE		PLACE & TIME OF RETURN		MODE OF TRANSPORT	TRAVELLING		SUBSISTENCE	
			PLACE	TIME	PLACE	TIME		PRIVATE VEHICLE MILES	FARES PARKING ETC.	£	p
4.2.10	Community Education Forum.	E.H.	Earlsgreen	9:30	Earlsgreen	1:0	car.	24			
8.2.10	Cabinet + Bd.	"	"	9:00	"	4:0	"	24			
9.2.10	Planning.	"	"	9:10	"	1:0	"	24			
9.2.10	Highd Education.	underley	"	7:30	"	9:40	"	13			
12.2.10	net me - Headman.	E.H.	"	9:10	"	12:20	"	24			
16.2.10	membership P.E	underley	"	6:45	"	10:30	"	13			
18.2.10	COONER.	E.H.	"	8:20	"	2:45	"	24			
20.2.10	Hendon P.E.	Hendon	"	7:10	"	9:20	"	20			
23.3.10	Hendley P.E	Hendley	"	6:40	"	10:30	"	9			
28.3.10	Earlsgreen	E.H.	"	9:0	"	1:0	"	24			
Details of Private Vehicle (if used) MAKE & MODEL: EXACT C.C.: 2996.								TOTALS			
Particulars of amount received or claimed from any other authority or body: KNL Ann 1								Rate per mile			
								£78.61			

FOR OFFICE USE ONLY

Total amount claimed £ 78.61.

I DECLARE that:
 (a) I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a Councillor of Worcestershire County Council
 (b) I have actually paid the fares and made the other payments shown and attach relevant receipts.
 (c) The amounts claimed are strictly in accordance with the rates determined by Worcestershire County Council.
 I DECLARE that the statements above are correct. Except as shown above I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances in connection with the duties indicated above. I am not entitled to receive remuneration in respect of the duties to which the claim relates, otherwise than under the Council's current scheme for the payment of allowances.

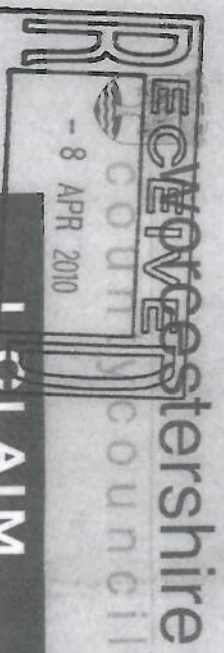
Signature: _____ Date: 10.3.10.

Attended by: _____
 Certifying Officer: _____

CLAIM FOR COUNCILLORS' ALLOWANCES

NAME: M. Broomfield-D 110005

This claim must be made within two months of the date of the duty carried out.



DATE	DESCRIPTION OF DUTY	LOCATION OF DUTY	PLACE & TIME OF DEPARTURE		PLACE & TIME OF RETURN		MODE OF TRANSPORT	TRAVELLING		SUBSISTENCE	
			PLACE	TIME	PLACE	TIME		PRIVATE VEHICLE MILES	FARES PARKING ETC	£	p
16-3-10	ombersley P.E.	ombersley	ombersley	7.0	ombersley	9.50	13				
16-3-10	Empire Hubberton & Spenny	Newton	Newton	1.15	Newton	3.50	28				
17-3-10	Uphim Warren P.E.	U. Warren	U. Warren	7.0	U. Warren	9.30	9				
18-3-10	Kudson with Meselin Widge	Stratford	Stratford	6.0	Stratford	9.15	12				
21-3-10	Selswick, Plumpton	C.H.	C.H.	8.30	C.H.	3.00	24				
23-3-10	Plumpton	"	"	9.00	"	3.20	24				
22-3-10	Hunbury P.E.	Hunbury	Hunbury	7.00	Hunbury	9.40	20				
24-3-10	Elmhurst P.E.	Elmhurst	Elmhurst	7.40	Elmhurst	9.15	2.5				
30-3-10	Hurdlebury P.E.	Hurdlebury	Hurdlebury	6.40	Hurdlebury		9				
Details of Private Vehicle (if used) MAKE & MODEL: <u>Land Rover</u>			EXACT C.C.: <u>2996</u>		TOTALS						
Particulars of amount received or claimed from any other authority or body:					Rate per mile						

FOR OFFICE USE ONLY

Total amount claimed £ 55.70

Attendances verified and claim certified for payment

£55.70

£55.70

CR1376

I DECLARE that:-
 (a) I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a Councillor of Worcestershire County Council
 (b) I have actually paid the fares and made the other payments shown and attach relevant receipts.
 (c) The amounts claimed are strictly in accordance with the rates determined by Worcestershire County Council.

I DECLARE that the statements above have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances above. I am not entitled to receive remuneration in respect of the duties to which the claim relates, otherwise than under the Council's allowances.

Signature: [Redacted]

Date: 8.4.10

THIS COPY TO BE RETAINED BY COUNCILLOR