

CLAIM FOR COUNCILLORS' ALLOWANCES



Worcestershire
County Council

NAME: Maddy Barker, 1021363.

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 DEPARTURE		RETURN		MODE OF TRANSPORT	TRAVELLING		SUBSISTENCE				
			PLACE	TIME	PLACE	TIME		PRIVATE VEHICLE MILES	FARES PARKING ETC.	Self	Passenger	£	p	
11/3/10	Adoption panel	Redditch	Home	8.30	County Hill	1.00	Car.	16						
11/3/10	Secur	County Hill	Redditch	12.30	Home	4.30	Car.	15.						
10/3/10	HOSC	County Hill	Home	1.00	Home	4.30	Car.	29 1/2						
12/3/10	Adoption panel	Redditch	Home	8.30	Home	1.30	Car.	25						
16/3/10	Adult Social Care panel	County Hill	Home	9.00	Home	1.00	Car	29 1/2.						
17/3/10	Environment.	County Hill	Home	12.30	Home	4.30	Car	28.						
30/3/10	1inbarline Home work	1inbarline Home	Home	9.30	Home	2.00	Car	32.						
Details of Private Vehicle (if used) MAKE & MODEL: <u>Vauxhall Zafira</u> EXACT C.C.: <u>1600</u> .								TOTALS						
Particulars of amount received or claimed from any other authority or body:								Rate per mile						
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: 9/4/10.

15/4/10

FOR OFFICE USE ONLY

Total amount claimed **£ 69.13**

Attendances verified and claim certified

_____ Certifying Officer