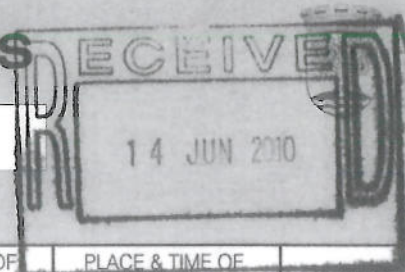


CLAIM FOR COUNCILLORS' ALLOWANCES



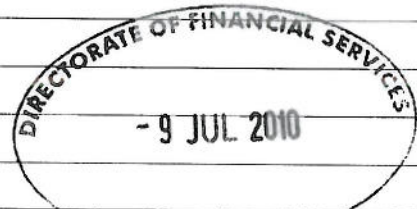
Worcestershire
County Council

NAME: **ANDREW ROBERTS - 1021377.**

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	
								Self	Passenger	£	p	£	p	
27/05/10	Representing Hosc @ the Acute Hospital Trust Board Meeting	Home	0830					17						
	Education Centre Kidderminster Hospital	Kidd Hospital Return						17						
<i>Travel July @ 710.</i>														
Details of Private Vehicle (if used) MAKE & MODEL: Ford Focus								EXACT C.C.: 1600	TOTALS	34				
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 for the duties indicated above. I am not entitled to receive remuneration in respect of the duties to which the claim relates, otherwise than for the payment of allowances.

Signature: _____

Date: **120610**

FOR OFFICE USE ONLY

Total amount claimed **£ 13.43**

Attendance verified and claim certified