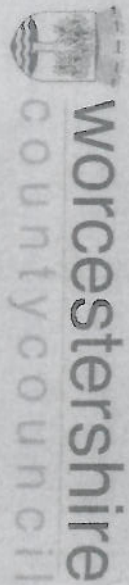
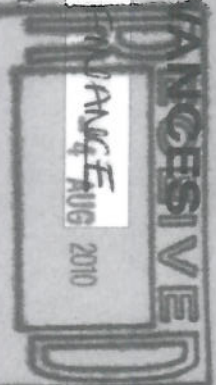


CLAIM FOR COUNCILLORS' ALLOWANCES

NAME: WUBALLS CHAIR/DOES RESOURCES?

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.		
N.06	CORP. SERVICES BRIEFING	CTSHALL	HOME	1230	HOME	5.0.	CAR	50	-	NON CLAIMED	
N.06	MIKE WEANERS OFFICE - DIRECTORATE SERVICES BRIEFING	do	do	1230	do	5.0	do	50	-	do	
do	WELCOME TO OUR FUTURE BOARD MEETING	do	do	5.15	do	9.0	do	60	-	do	
N.06	EFFECTIVE CHAIRING SKILLS	CTSHALL	do	1400	do	9.30	do	50	-	do	
N.06	D.S. P. B.	do	do	1.00	do	5.00	do	50	-	do	
N.06	FULL COUNCIL	do	do	8.30	do	3.00	do	50	-	do	
N.07	PLANNING MS DEBENBURTH	do	do	8.30	do	3.00	do	50	-	do	
N.07	ASO HUBS SCOUTING SCHOOL	do	do	8.30	do	3.00	do	50	-	do	
N.07	WILKINSON STRATEGIC PLANNING	WUSCH D.C.	do	9.30	do	1.00	do	30	-	do	
N.07	WORK PLANNING EVENT	CTSHALL	do	9.00	do	4.30	do	50	-	do	
Details of Private Vehicle (if used)			MAKE & MODEL:	VW SCARF 2.0. TDI	EXACT C.C.:	1968	TOTALS		441	0	91.

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: 02.08.10.

FOR OFFICE USE
 Total amount claimed £ 2
 Attendees verified and claim certified

PLEASE SEE OVERBOWMATT SHEET
 Carrying Officer _____

CLAIM FOR COUNCILLORS' ALLOWANCES

NAME: DUBRAJKS CHRIS OZS RESOURCES FINANCE



Worcestershire
county council

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

1 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.	
15.07	MEMBER BRIEFING RE MEDIUM TERM FINANCIAL PROSPECTS	CTY HALL	see previous item		see previous item		car	---	---	NON CLAIMED
20.07	RESOURCES OZS	see previous item	HOME 1200		HOME 800		car	50	---	50
21.07	WORKS HIGHWAYS FORUM	see previous item	HOME 1200		HOME 800		car	50	---	50
27.07	SCOUTING HUB TASK GROUP	CTY HALL	see previous item		see previous item		car	---	---	50
29.07	O.S. P. BOARD	see previous item	see previous item		see previous item		car	---	---	50
Particulars of Private Vehicle (if used) MAKE & MODEL: <u>VW GOLF 2.0 DIESEL EXACT C.C.: 1968</u>			TOTALS		TOTALS		TOTALS		TOTALS	
			Rate per mile		Rate per mile		Rate per mile		Rate per mile	
			590		590		590		590	
			395		395		395		395	
			233.05		233.05		233.05		233.05	

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: 02.08.10

FOR OFFICE USE ONLY
Total amount claimed £ 233.05
Attendances verified and claim certified for payment