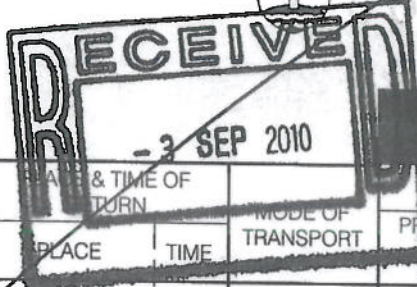


CLAIM FOR COUNCILLORS' ALLOWANCES



Worcestershire
County Council

NAME: LIZ EYRE 232605



I CLAIM

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 Self Passenger	FARES PARKING ETC. £ p	£	p
6/8/10	Paperwork + Office Meeting	C'Hall	B'way	9:00	B'way	16:00	Car	43			
5/8/10	" " "	C'Hall	B'way	2:00	B'way	15:00	Car	43			
16/8/10	Pear Review of Financial Services	Wildwood	B'way	9:00	B'way	16:00	Car	43			
17/8/10	Youth Services (RK) Tudor Garage	C'Hall TGW	B'way	9:00	B'way	17:00	Car	49			
19/8/10	A Level Results + Paperwork	C'Hall	B'way	10:00	B'way	19:00	Car	21	50%	Balance	4.00
24/8/10	O Level Results GCSE's + Paperwork	C'Hall	B'way	10:00	B'way	16:00	Car	43			
25/8/10	Meeting J. Callaghan New College	Redditch	B'way	9:00	B'way	12:30	Car				
"	Meeting EA / AONB	B'way	B'way	1:30	B'way	3:00	Car	3		2.10	EA Meeting
"	Meeting Director	C'Hall	B'way	15:00	B'way	19:00	Car	43			
26/8/10	Meeting Jan Greenalgh 14-19 Exps	C'Hall	B'way	9:00	B'way	17:30	Car	22	50%	Balance	4.00
26/8/10	B Parish Meeting	B'way	B'way	15:30	B'way	20:00	Car	2			
27/8/10	County Hall	C'Hall	B'way	8:30	B'way	14:00	Car	43			

Details of Private Vehicle (if used) MAKE & MODEL: Mercedes Avantgarde EXACT C.C.: 2685
E270

TOTALS 358 355 2.10

Particulars of amount received or claimed from any other authority or body:

Rate per mile 39.5p

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.

FOR OFFICE USE ONLY

Total amount claimed £ 142.33

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.

Attendances verified and claim certified

Signature: [Redacted] Date: 2 / 9 / 10

CLAIM FOR COUNCILLORS' ALLOWANCES



worcestershire
county council

NAME: Liz Eyre

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
13/5/10	Speech & Language Scrutiny Prep Health Briefing	C Hall	B'way	9:00	B'way	15:00	Car	43					
<i>AMH 6 15/5/10</i>													
Details of Private Vehicle (if used) MAKE & MODEL: <u>Mercedes Avantgarde E270</u> EXACT C.C.: <u>2685</u>								TOTALS	<u>43</u>				
Particulars of amount received or claimed from any other authority or body:								Rate per mile	<u>39.5p</u>				

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: [REDACTED] Date: 2/9/10

FOR OFFICE USE ONLY

Total amount claimed £ 16.99

Attendances verified and claim certified [REDACTED]