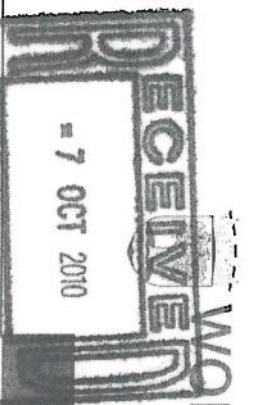


CLAIM FOR COUNCILLORS' ALLOWANCES

Worcestershire

NAME: **ALBAN'S CORP SOLUTIONS CHAIRMAN**

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		MOTORIST TRANSPORT	TRAVELLING PRIVATE VEHICLE MILES		SUBSISTENCE			
			PLACE	TIME	PLACE	TIME		Self	Passenger		FARES PARKING ETC.		
10.08	CORP SERVICES DIRECTORATE	WORCESTER	HOME	20	HOME	50	CAR	50		NON-CLAIMED			
11.08	MEMBERS WORKSHOP LTP 3	WORCESTER	HOME	90	HOME	50	CAR	50					
18.08	MEMBERS DDALE ERESHAM FORUM	WORCESTER	HOME	1.00	HOME	50	CAR	30					
19.08	INVESTMENT MONITORING GROUP	WORCESTER	HOME	9.00	HOME	50	CAR	50					
16.09	MEMBER JOURNEY SEMINAR	WORCESTER	HOME	1.30	HOME	50	CAR	50					
21.09	EMMA JAMES SOLUTIONS TEAM	WORCESTER	HOME	9.00	HOME	50	CAR	50					
24.09	LSP REPS WITH M. BRIAN	WORCESTER	HOME	10.00	HOME	50	CAR	50					
29.09	ITUB TASK GROUP SOLUTIONS	WORCESTER	HOME	12.30	HOME	50	CAR	50					
		11 OCT 2010											
Details of Private Vehicle (if used)							MAKE & MODEL:	VW GOLF	2.0 DIESEL EXACT C.C.:	1968	TOTALS	380	
Particulars of amount received or claimed from any other authority or body:							NONE						

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: **05.10.10**

FOR OFFICE USE ONLY

Total amount claimed **£150.10**

Attendances verified and claim certified for payment