

# CLAIM FOR COUNCILLORS' ALLOWANCES

NAME: Councillor Alan Amos



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 Self Passenger	FARES PARKING ETC. £ P		£	P		
14/9/10	PLANNING COMMITTEE CHAIR, WARREN & GORSE HILL FORUM	COUNTY HALL	HOME	a.m.	HOME	p.m.	BUS				3	50		
16/9/10	CULTURE & COMMUNITY SERVICES MEETING	KCV CENTRE	HOME	p.m.	HOME	p.m.	BUS				3	50		
23/9/10	INVITATION OPENING CEREMONY VOCATIONAL TRAINING	FARFIELD CENTRE	HOME	a.m.	HOME	p.m.	CAR	10						
24/9/10	CORPORATE PARENTING BOARD MEETING	COUNTY HALL	HOME	a.m.	HOME	p.m.	BUS				3	50		
8/10/10	CORPORATE SERVICES OPPOSITION SPOKE PERSONS' MEETING	COUNTY HALL	HOME	p.m.	HOME	p.m.	BUS				3	50		
15/10/10	MEETING WITH EDUCATION OFFICERS ABOUT CRANHAM SCHOOL OFSTED REPORT	COUNTY HALL	HOME	a.m.	HOME	a.m.	BUS				3	50		

*Miles 10*

Details of Private Vehicle (if used) MAKE & MODEL: \_\_\_\_\_ EXACT C.C.: \_\_\_\_\_ TOTALS **10** **17 50**

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.

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: 30/10/10

**FOR OFFICE USE ONLY**

Total amount claimed **£ 21.45**

Attendances verified and claim certified

\_\_\_\_\_ Certifying Officer