

**TAMESIDE MBC
MEMBERS TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM**

Name of Member JOHN BELL Employee Number [REDACTED]
 Home Address [REDACTED] Email Address [REDACTED]

PLEASE PRINT CLEARLY

SUBSISTENCE EXPENSES

TRAVEL EXPENSES

Cylinder Capacity of Vehicle _____

Date	Particulars of Meeting	Place & Time of Departure	Place & Time of Return	Breakfast	Lunch	Evening Meal	Tea	Out of Pocket	Total Claimed £	Names of Passengers	Opening Miles	Closing Miles	Total Miles	Rate	Total Claimed £	Other
17/9/18	FIDE SQUAD Pension SCHEDULE ADVISORY BOARD LONDON	HYDE 11.20 am	HYDE		£5.50	£12.75		£16.25								
18/9/18			HYDE 7.40 pm				£34.00	£1.54								
TOTAL									59.79	TOTAL						

RECEIPTS MUST BE ATTACHED OTHERWISE THE CLAIM WILL NOT BE PAID

Does the claim relate to an outside body i.e. AGMA, PTA, AMA? Y/N

Claimants Declaration

I certify that the Travel & Expenditure Expenses of £59.79 claimed have necessarily been incurred and that these expenses have actually been paid by me in the performance of my official duties and I have attached all receipts to support this claim.

Travel & Subsistence Combined Total Claimed £ _____

Signature: [REDACTED]

Print Name: JOHN BELL

Date: 24.9.18