TAMESIDE MBC

MEMBERS TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM

Name of Member	JOHN BELL		**Employee Number**
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**
2/10/18	L.G.A. FIREFIGHTER PENSION SCHEME	Hyde 13.30 HRS			£3.50	£18.70			£22.20							
3/10/18	ADVISORY BOARD		HYDE 20.00 HRS	£5.75				£49.00	£54.75							
				TOTAL					£76.95	**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**	LGA.

Claimants Declaration

I certify that the Travel & Expenditure Expenses of £76.95 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 supp[redacted]

Travel & Subsistence

Combined Total Claimed £ _____

Signature: [redacted] **Print Name:** JOHN BELL **Date:** 5.10.18