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
4/12/18	LGA. FIREFIGHTERS PENSION SCHEME ADVISORY BOARD	HYDE 6.am.	HYDE 8.50pm			£3.50		£57.00	£60.50							
			TOTAL						£60.50				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 £ 60.50 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 su[redacted]

Travel & Subsistence

Combined Total Claimed £_____

Signature: [redacted] Print Name: JOHN BELL Date: 10.12.18