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 2.2

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
13/3/19	LGA. FIREFIGHTER PENSION SCHEME ADVISORY BOARD	HYDE 14.23			4.90	37.66		24.00	66.56							
14/3/19	— " —		HYDE 18.00	6.30				50.00	56.30							
				TOTAL					122.86	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 £122.86 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 s[redacted]

Signature [redacted]

Print Name: JOHN BELL

Date: 19.3.19

Travel & Subsistence

Combined Total Claimed £_____