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
7/1/19	LGA. FIREFIGHTER PENSION SCHEME ADVISORY BOARD	HYDE 1.30				8.05			8.05							
8/1/19	"		HYDE 19.45	6.30					69.80							
				TOTAL					£77.85	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 £77.85 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 t[redacted]

Travel & Subsistence

Combined Total Claimed £

Signatu[redacted] **Print Name:** JOHN BELL **Date:** 13.2.19