

TAMESIDE METROPOLITAN BOROUGH COUNCIL
CLAIM FORM
CARER'S ALLOWANCE (MEMBERS)

Name of Member	TAFIEN SIMRIF	Pay Ref.	
Address	[REDACTED]		
Name of Child/Dependant Cared for	[REDACTED]	Date of Birth	[REDACTED]

Date	Meeting of Other Approved Duty with Location	Hours Claimed			Rate Per Hour	Amount Claimed
		From	To	Total		
11/5/18	SPARKS PANEL (LIVERPOOL) MEETING	9:45	11:45	2	10	20
11/6/18	SPARKS PANEL (LIVERPOOL) MEETING	9:45	13:30	4	10	40
11/6/18	SPARKS PANEL (LIVERPOOL) MEETING	11:30	14:30	3	10	30
11/7/18	SPARKS PANEL (LIVERPOOL) MEETING	9:30	12:00	2.5	10	25
					TOTAL	£115.00

RECEIPTS MUST BE ATTACHED OTHERWISE THE CLAIM WILL NOT BE PAID

Claimants Declaration

I declare the above to be correct and that I have incurred the costs claimed.

Signature: [REDACTED] Date: 3/8/18

Authorisation Declarations

I confirm that the claimant is entitled to the expenses claimed in accordance with the Members Allowance Scheme.

Signature: [REDACTED] (Executive Support) Date: 09/01/2019

Signature: [REDACTED] (Executive Director Finance) Date: 9/1/19

- Receipts are required showing clearly that the money has been paid to a particular person for the specific date for caring for a child/dependent
- The maximum amount claimable per household each week is £43.02
- No payment can be made in respect of political groups

CHILD MINDING

RECEIPT FOR:

Ms. Talheen Sharif, [REDACTED]

Child's name: [REDACTED] £10.00 hourly rate for 2 children

Dates				Paid
May 2018				Y
23.05.18	9:45-11:45	2 hours x £10.00 an hour	£20.00	
June 2018				Y
12.06.18	9:45-13:30	4 x £10	£40.00	Y
13.06.18	12:30-15:30	3 x £10	£30.00	
July 2018				Y
31.07.18	9:30-12:00	2.5x10	£25.00	
Total Sum PAID			£115.00	

