

D [REDACTED] HORROCKS

CHILD MINDING for [REDACTED]
CHILD MINDING for [REDACTED]
CHILD MINDING for [REDACTED]

FOR:

Ms. Tafheen Sharif, 2 [REDACTED]
Hourly price increase March 2020

Dates		Paid
Jan 2020	09:30-13:00 3.5 hours x £5.00 an hour	£17.50 Y
17.01.2020	09:30-13:00 3.5 hours x £5.00 an hour	£17.50 Y
		<u>£35.00</u>
March 2020		
10.03.2020	09:30-11:45 2.15 x £6.00 an hour	£13.50 Y
10.03.2020	09:30-11:45 2.15 x £6.00 an hour	£13.50 Y
		<u>£27.00</u>
17.03.2020	09:30-11:00 1.5 x £6.00	£9.00 Y
17.03.2020	09:30-11:00 1.5 x £6.00	£9.00 Y
		<u>£18.00</u>
Total Sum PAID		£80.00

TAMESIDE METROPOLITAN BOROUGH COUNCIL
CLAIM FORM
CAREER'S ALLOWANCE (MEMBER'S)

Name of Member	TAFHEEN SHARIF		Pay Ref:		
Address	[REDACTED]				
Name of Child/Dependant Cared for	[REDACTED]	Date of Birth	[REDACTED]	[REDACTED]	
Date	Meeting of Other Approved Duty with Location	Hours Claimed		Rate Per Hour	Amount Claimed
		From	To		
17/1/2020	Govt. meeting (Assembly Hall)	9:30	13:00	3.5	£17.50
10/3/2020	Council Finance meeting	9:30	11:45	2.15	£13.50
10/3/2020	Council Finance meeting	9:30	11:45	2.15	£13.50
17/3/2020	Spineless Panel (Council)	9:30	11:00	1.5	£9.00
17/3/2020	Spineless Panel (Council)	9:30	11:00	1.5	£9.00
				TOTAL	£80.00

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: 23/3/2020

Authorisation Declarations

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

Signature: [REDACTED]

Signature: [REDACTED]

1. 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.
2. The maximum amount claimable per household each week is £43.02
3. No payment can be made in respect of political groups