

**JAMESIDE METROPOLITAN BOROUGH COUNCIL
CLAIM FORM
CARER'S ALLOWANCE (MEMBER'S)**

Name of Member	TAFHEEN SHARIF	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		
19/3/19	SPARKS PANEL (LICENSING)			4	£5	£20
19/3/19	SPARKS PANEL (LICENSING)	9:00	12:00	3	£5	£15
TOTAL						£35

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: 20/12/19

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: 3.1.20
Signature: [REDACTED]	(Executive Director Finance) Date: 7.1.20

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

[REDACTED]

CHILDMINDING for [REDACTED]
CHILDMINDNG for [REDACTED]
CHILDMINDING for [REDACTED]

RECEIPT FOR:

Ms. Tafheen Sharif, [REDACTED]

£5.00 hourly rate per child

[REDACTED]

July 2019

19.07.19	10:00-14:00	4 x £5.00	[REDACTED]	£20.00	Y
19.07.19	10:00-14:00	4 x £5.00	[REDACTED]	£20.00	Y

[REDACTED]

Total Sum PAID

£177.50
