TAMESIDE MBC
MEMBERS TRAVEL & SUBSISTENCE EXPENSES CLAIMFORM

| Place & Time Place & Time of Return of Return to the time of Return of Return to the time of Return to the time of Return of Return to the time of Return of | SISTENCE EXPE | SES | | | l | İ | | |
|--|--|------------------------|---------------------------------|---------------------------|----------------|-------|------------------|-------|
| Place & Time Place & Time of Departure of Return of Return to the William Breakfest | Si Gi | | F | TRAVEL EXPENSES | XPENSI | ES | | |
| Place & Time of Departure of Return of Place & Time of Return of Return to Wight A | i Bu | | Cylinder Capacity of Vehicle | / of Vehile | 용 | | | î |
| MES | Evental Meal Tea Month of the M | Total Total E. | Names of Passengers of Balmed O | Miles Closing Miles | letoT sellM | etsA | Total Claimed | Other |
| | | 05-H3 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | \$ \$ \$ | TOTAL | | | | | |
| RECEIPTS MUST BE ATTACHED OTHERWISE THE CLAM WILL NOT BE PAID | | | | | | | | |
| Does the claim relate to an outside body i.e. AGMA, PTA, AMA? | N/A | | | | | | | |
| ration laimed ce of my | have necessarily been incurred and that official duties and I have attached all | d and that ched all | Travel 8 Combined Total Claimed | Travel & Subsistence | ubsiste | 900 | | |
| Freceipts to support my claim. | Print Name: CL | CLLK LUNN TROPAS | TROPAS | | _ | Date: | | |

Authorisation Declarations

I can confirm that the claimant is entitled to the expenses claimed in accordance with the Travel and Subsistence Policy.

| | | | The state of the s |
|---|---------------------|------|--|
| Signature: (First Deputy (Performance & Finance) | Print Name: CLUK | BILL | and being all this boult |
| Signature: | Print Name: | | |
| (Executive Director Finance) | NO. | WILL | TON WILLANSON |

| BILL GAIREOULL | | WILLANSON |
|----------------|-------------|-----------|
| and t | Print Name: | NOT |

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The cialm should be for actual expenditure up to the maximum figures queted

Duty and for conferencesteenings organised by the bodies to which the Council has appointed representatives, or which are included in the Standing List of Conferences approved animally by the Council, those will automatically be classed as an approved duty.

Subeletence allowance is only payable when a Member is carrying out an Approved

Guidance

Payments will not be made without receipts and appropriate authorisation from the First Deputy (Performance & Finance) and the Executive Director of Finance/Borough Treasurer.

| Allow | Allowance Rates | | |
|---|-------------------|---|----------|
| Breakfast | | 80°9 3 | |
| Lunch | | £ 8.37 | |
| Evening Meal — standard | | £10.00 | |
| Where an overnight stay is involved | ls involved | 20.00 | _ |
| f overnight stay is in London LGA conference | ugou | 17 CT | |
| Dut of Pockat Expense (per overnight stay) | ser overnight | £ 5.90 | |
| 3 | Car Mileage Rates | | |
| | 451 | 451 - 999cc | 1000cc + |
| Per mile first 10,000 mile | 45.0p | | 45.0p |
| Per mile after 10,000 miles | 25.0p | | 25.0p |
| Per inije after 10,000 mile | 25.0p | | |

| reditors Coding Bio | Creditors Coding Block - to enable a payment to be made | nt to be made | |
|------------------------------|---|------------------------------|--------------|
| Supplier ID (Admin Use Only) | | Arvoice Ref (Admin Use Only) | Jse Only) |
| PLEASE | PLEASE WAKE SURE YOU ENTER THE CORNECT VAT CODE | TER THE CORRECT V | ATCODE |
| Cost | Account Code | | Gross Amount |
| | | | |
| Service Area: | | Total: | |

How Claims will be Paid

if the claim includes vatable frams the claims will be paid by the Creditors Section.

If the cialm has no vatable from the claim will be paid via the Payroll Section.

Either process will be paid as a BACS payment directly to your bank account.

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TICHN SINTIONS # MAY PERMITTED ON DATE SHOW!

498-₹₹ HOSSEEV HANCIAR & 23-FBY-18

2715290330 72730 Start date. 23.FBY-18 **BG**

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