ADIA

BOLTON METROPOLITAN BOROUGH COUNCIL

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MEMBERS ALLOWANCES CLAIM

| Claim for Month of 3 | ル を20 _ | | Name of Member | CLIP ADIA Pay No. |
|---|---|---|--|--|
| Car (Make/Model) Mのて | ales (220 CD) | <u> </u> | (Block capitals please) Registration No. | Exact Cubic Capacity 2121 cc. |
| Metropolitan Borough Counthe rates determined by Bolt | cil; that I have actually pa ton Metropolitan Borough inserted on this form are inancial loss allowance or | id the fares and made other pa Council. correct. Except as shown, I hav attendance allowance in conn | ve not made, and will not r | |
| | | FOR OFFICIAL USE C | NLY (Completed by Co | ommittee & Members Services) |
| * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance | Amount £:p : 2 :40 5 :40 | Normal Mileage | Miles | Details input onto Payroll system: By: Date: |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

| | Particulars of Journeys | | | | | | | | Particulars of Journeys | | | | Dependent | Carers | Fares and | l other | Subsiste | |
|----------|--|----------------|----------|--|--------------|--------------|--------------|--------------|-------------------------|--|--|--|-----------|--------|-----------|---------|----------|--|
| Date | Description of Approved Duties, | Tim | e of | of. | | Allowa | nce | Expenses | | Allowa | nce | | | | | | | |
| | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | р | £ | р | £ | P | | | | | | | |
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| 41516 | Marchester GMPTE office | | | | | | | \$ | 10 | | | | | | | | | |
| 14/06/06 | marchester ymits office | | | , | | | | | | | | | | | | | | |
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| | amounts received by way of Travelling & Subsistence from any other Autho | vrities or bod | iec and | The Control of the Co | 190 | | | | | | | | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.



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|--|--|--|--|---|--|---|-------------------|
| v + * | | MEMBERS ALL | OWANCES | CLAIM | | | |
| Claim for Month of No | sienber 20 06 | | | CLLE E-ADIA | 14 112 11 12 | PLU U | |
| Car (Make/Model) Men | cede | (Block capite | , | | | 200 - 100 200 200 - 10 | e Aleksan |
| (********************************** | | Registrat | ion No | Ex | 飞 器是4位4000年,12日本中国4000年第四个日本 | | |
| Menobornan potongu Cot | ly and necessarily incurred expenditure uncil; that I have actually paid the fares olton Metropolitan Borough Council. | e in travelling and subsistenc and made other payments sh | e for the purpose lown on this forn | of enabling me to perform day, and that the amounts clain | s side up - Not for resale lad subject to conditions - see over that are searcus arraccoruance w | This side up . Not for | rresale |
| expenses or anowances, or | rs inserted on this form are correct. Exc financial loss allowance or attendance ent driving licence and have adequ | allowance in connection with | the duties indica | ated on this form. | actment for travelling or subsis (For Car Allowance clair | | |
| Signed | MEM | | | Date 5/11/2006 | (15) Car Historice Carl | nunts only) | * |
| Approved | <u>, </u> | | | Date | | | |
| · · · · · · · · · · · · · · · · · · · | FOR OFFI | CIAL USE ONLY (Ca | mpleted by Com | mittee & Members Services) | | · · · · · · · · · · · · · · · · · · · | |
| * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement | Amount £:p | al Mileage | Miles | | nto Payroll system: | | |
| (e.g. Car Park, taxis) Dependent Carer's Allowance | 10.00 | | | Date: 29.3.4 | 57 | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

<u>Please note that all Personal Details must be shown above and the form must be both signed and authorised.</u>

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| | | MEMB | ERS ALLOWANCE | S CLAIM | ANDERT I I A MALLAT | mrawii itivaan ntonic |
| Claim for Month of No | viente 20_ | <u>06</u> | Name of Member (Block capitals please) | CLIFE ADIA | | TIWU WINWUD |
| Car (Make/Model) Mea | cedes | · · · · · · · · · · · · · · · · · · · | Registration No. | Exa | | |
| the rates determined by Bo | ıncil; that I have actually pai olton Metropolitan Borough (| d the fares and made other Council. | payments shown on this fo | ose of enabling me to perform do frm; and that the amounts claim , make, any claim under any ena | Generalischy Braccordance v | |
| (b) I am the holder of a curr Signed | financial loss allowance or a | | | | (For Car Allowance cla | imants only) |
| | FC | OR OFFICIAL USE | DNLY (Completed by C | ommittee & Members Services) | | |
| * Subsistence Allowance Subsistence Allowance (Taxable) | Amount £:p 27 .90 30 evos (£21) 48 - 90 | Normal Mileage | Miles 2 | Details input of | nto Payroll system: | |
| Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance | 10:00 | | | Date: 29.30 | 72 | |
| votes. | | | | | | |



London Underground 💝 London Underground

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

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10 mary - 2005

Fish! Restaurant. Ltd Cathedral Street Borough Market London SE1 9 AL Reservations: 020 7407 3803 Www.fishdiner.co.uk

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|--|-----|--------------------|
| SUB-TOTAL | £ | 16.90 |
| Discretionary Service Charge 12.5% TOTAL (GBP) | £ | 2.1; 19.01 |
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> VAT No. 667282389 Call 0207 4073803 www.fishdiner.co.uk

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Spectrum Internet Access

This voucher can be used at selected Spectrum Interactive internet desks and WiFi Hotspots throughout the UK. For support call: 0800 085 0653

Enter the voucher number below on screen, as prompted

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VA.T. REG. No. 155 6709 45 SUPPLIED BY PAPERWORK (UK) LTD. 01754 613120

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Fish! Restaurants Ltd Cathedral Street Borough Market London SE1 9 AL Reservations: 020 7407 3803 Www.fishdiner.co.uk

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WWW.chorley.gov.uk
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SUPPLIED BY PAPERWORK (UK) LTD. 01/754 613120

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Deduct any amounts received by way of Travelling & Subsistence from any on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

| | Particulars of Journeys | | | Mode | Miles | Dependent Allowar | | Fares and Expen | 1 | Subsister Allowar | | |
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| educt any | amounts received by way of Travelling & Subsistence from any other Auth | iorities or bo | cies | -/- | | <u>'</u> | | | | 27. | 90 | _ |

Forms for Members 15/02/2006

on the above dates and give particulars

They should be sent to Committee and Members Services for authorisation.

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

ASHCROFT

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

| Claim for Month of FC | 3 | _20 <u>67</u> , | | THIL ASHCROFT Pay No. |
|---|---|--|---|---|
| Car (Make/Model) | ine X-T/ | <u>e</u> | (Block capitals please) Registration No. | Exact Cubic Capacity 1998 -cc. |
| Home Address 85 | Janonon | Ro, Borton | . BL3 4NF. | |
| DECLARATION: (a) I declare that I have actually a Metropolitan Borough Counciling the rates determined by Bolton | ili; that I have actuall | y paid the fares and made other p | subsistence for the purpose ayments shown on this form | e of enabling me to perform duties as a Member of the Bolton m; and that the amounts claimed are strictly in accordance with |
| I declare that the particulars i expenses or allowances, or fir | nserted on this form nancial loss allowanc | are correct. Except as shown, I have or attendance allowance in conn | ve not made, and will not ma ection with the duties indica | nake, any claim under any enactment for travelling or subsistence rated on this form. |
| (b) I am the hole | nt driving licence a | nd have adequate insurance co | over for the use of my veh | hicle on Council business. (For Car Allowance claimants only) |
| Signed | · · · · · · · · · · · · · · · · · · · | MEMBER | | Date 22 MR 07. |
| Approved | | | | Date |
| | | FOR OFFICIAL USE O | ONLY (Completed by Cor | ommittee & Members Services) |
| · | Amount | | Miles | |
| * Subsistence Allowance | £:p: | Normal Mileage | 326. | Details input onto Payroll system: |
| Subsistence Allowance (Taxable) | : | , | | |
| Travel Reimbursement (e.g. Car Park, taxis) | 3 50 | | | By: Date: |
| Dependent Carer's Allowance | , | | | Date. |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

<u>Please note that all Personal Details must be shown above and the form must be both signed and authorised.</u>

If any details are missing, the form will be returned and payment therefore delayed.



| | Particular | | | Mode | Miles | Dependent | Carers | Fares and | i other | Subsiste | anc |
|----------|---|--|---------------------------------------|--------|---------|-----------|--------|---------------|---------|--------------|---|
| Date | Description of Approved Builes, | Description of Approved Dates, Time of | | | | Allowance | | e Expens | | Allowa | шCE |
| | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | P | £ | р | £ | |
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| | Conference, Nowcaste. | | | | | | | | | | |
| Feb. | | | | CAR. | 163 | | | | | | |
| | Conference, NEWCASTLE TO BOTTEN. | - | · · · · · · · · · · · · · · · · · · · | | | | | ···· | | | 7 |
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on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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HEAVE COST 4883 N HEAVE O MECK DUA HEAVY AND THE COST STATES

HAVE A SAFE DRIVE HOME..

ALL ENQUIRYS PHONE D191 2438294

VAI NO 664918496

Entry : 04/02/07 09:27 pm Payment : 05/02/07 02:07 pm Parking Time : 1 day(s) 16 h 40 mn Rate : 08

AMOUNT WITHOUT DISCOUNT:£ 16.00 DISCOUNT:£ 12.50

AMOUNT PAID: £ 3.50 (Taxes 17.5% : £ 0.52)

Paid by : CASH Validation(s) : 002

BOLTON METROPOLITAN BOROUGH COUNCIL MEMBERS ALLOWANCES CLAIM Claim for Month of 20 07 ASMCROFT Name of Member Pay No. (Block capitals please) Car (Make / Model) Registration No. Exact Cubic Capacity 1998 - CC Home Address DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (b) I am the holds ent driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) Signed **MEMBER** Approve Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Amount Miles $\mathbf{\mathcal{E}}:\mathbf{p}$ Subsistence Allowance 30:15 Normal Mileage Details input onto Payroll system: Subsistence Allowance **32**6 (Taxable) Exp Reimbursed Travel Reimbursement 402

19.4.07

Notes:

(e.g. Car Park, taxis)

Dependent Carer's Allowance

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| | Particulars of Journeys | | · | | Miles | Dependent Carers Allowance | | Fares and other Expenses | | Subsiste Allowa | |
|--------|---|------------------|----------------|--------------|----------|--|--|--------------------------|------------|--------------------|---------------|
| Date | Description of Approved Duties, | Tim Departure | e of Return | of Travel | Claimed | Allowar £ | p p | £ £ | ses p | £ | р |
| | including Locations (From & To) | Departure | Return | Travex | 38 | | | <u></u> | | | T |
| +MR. | TENION FROM BOTTON TO LIVEROOF AIREST | | | | 38 | <u> </u> | | | | | + |
| , | ATTENDING MIPIM CANNES. | | | | ļ | | | · | | | ┿ |
| BY AR. | TENOR FROM LIVEROOL AIRPORTTO BOLTON | | | | 38 | | | | | | |
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| | amounts received by way of Travelling & Subsistence from any other Autl | harities or h | odies | | 76. | | | 26 | <u></u> %0 | 30 | , [|

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

Cannes Montfleury Société Hôtelière Montfleury

- 25, avenue Beausejour ___06400 Cannes France Tél: +33 (0)4 93 68 86 86

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www.novotel.com

www.accorhotels.com





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Mr Cllr Philip ASHCROFT 89 JUNCTIÓN ROAD GB-BORTEN BL34NF

Arrivée / Arrival : 14/03/2007 Départ / Departure : 16/03/2007 N° de Chambre / Room Number : 315 FACTURE 84761 / 1 / 1 / AJA Novotel Cannes Montfleury, 16/03/2007

| | Date | Libellé | Débit €🗆 (| Créd: | įŧ |
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| 1 | 5.03 16.03 6.03 | Petit Déjeuner (C) Petit Déjeuner (C) | 20.00 20.00 | | |
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Total: 40.00 €□ 40.00 €-0.00 €

Balance Facture:

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TVÅ 5.5% 0.00 0.00 0.00 → TVA 19.6% 33.44 6.56 40.00 NON-TAXABLE 0.00

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SOCIÉTÉ HÔTELIÈRE MONTFLEURY - SA au capital de 2 412 000 Euros

Siège social : 25 avenue Beauséjour - 06400 Cannes France

RCS : Cannes B 331 171 686 - Siret : 331 171 686 000 24 Code NAF : 551 A - TVA Intra-Communautaire : FR 39 331 171 686 'Habilitation Touristique : HA 006 96 0003

PRESTATIONS PRIX NATIONS

Le réglement de la présente-facture doit être effectué con

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A défaut, toute som me impayée dans le délai imparti est productive d'un intérêt de retard à un taux est passe. à une fois et demi le taux d'intérêt légal en vigueur à la date éché

Les informations à caractère personnel que vous nous avez fournies font l'objet d'un craitement informatisé. Ces informations sont destinées à l'établissement dans lequel vous avez-séjourné. En ces-d'incident lié à votre-dos-un traitement informatique spécifique pourra être réalisé. En application de la loi du 6 Janvier 1978, relative à l'informatique, aux fichiers et aux libertés, vous disposez d'un droit d'accès-et-de-receification portant sur-ces-infe Pour touts demande de ce type, vous pouvez écrire à : ACCOR, Service Consommaceurs CNR. ACCO94, 2 rue de la Mare NEUVE, 91021 Evry Cedex, France.

TRAVEL COUNSELLORS PLC TRAVEL HOUSE 43 CHURCHGATE BOLTON

BL1 1TH

Telephone

: 0845 0587 566

VAT Reg.

: 437 8785 94

ABTA Number

IATA Number : 91 25132

CUSTOMER RECEIPT

Receipt No: 5660-000000170

Booking Ref: 5660-0000000147

Auth Ref:

632935

Merchant No: 2122869

Client: 1

Address: 89 Junction Road

Bolton

BL3 4NF

Booking Details at time of Issue

Туре

Supplier Pax Dur Doc. No.

Description

Car Park Holiday Extras LTD

1

Car Park Lpl

Receipt Details

Paid By

Value

Switch (N)

26.90

Trans Type: Purchase

Total Paid £

26.90

Received By: PHIL

Paid to Date £

Date Receipted: 12-MAR-2007 21:47

Date Issued: 12-MAR-2007 21:48

Departure Date: 14-MAR-2007

26.90

Balance Outstanding £

0.00

Thank you for booking with Travel Counsellors.

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| Claim for Month of May | 2006 | Name of I | Member <u>D. Bu</u> s please) | Exact Cubic Capacity 1599 cc. |
| Claim for Month of May Car (Make/Model) Hyundon Home Address 5 Dee Dy | me Yours | BOUCH | for the purpose of ena | abling me to perform duties as a Member of the Bolton that the amounts claimed are strictly in accordance with any claim under any enactment for travelling or subsistence |
| the rates determined by Bolton Met | oponian boro-8 | t Except as shown, I have not mad | le, and will not make, the duties indicated (| on this form. |
| I declare that the particulars inserte expenses or allowances, or financia (b) I am the holder of a current dri | l loss allowance or attend | adequate insurance cover for t | D D | ate_30/5/06 |
| Signed | | | D | vare |
| Approved | FO | R OFFICIAL USE ONLY | (Completed by Comm | nittee & Members Services) |
| | Amount £:p | 13 6 000 | 30 | Details input onto Payroll system: |
| * Subsistence Allowance | : | Normal Mileage | | Ву: |
| Subsistence Allowance | · | | | Date: |

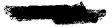
(Taxable)

Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance. Notes:

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.





| | Particulars of Journeys | | | Mode | Miles | Dependent | | Fares and Exper | - 1 | - | Subsistence Allowance | |
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| Date | Description of Approved Duties, | | e of | of | <i>~</i> . 1 | ı | Allowance £ P | | p p | £ | p | |
| Date | including Locations (From & To) | Departure | Return | Travel | Claimed | <u>E</u> | <u> </u> | £ | | | | |
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| 7.5.06 | Maria water Mayor Home Bolton letura | 10-15 | 12-30 | <u> </u> | 10 | | | | | | 1 | |
| ط O. ک. ۲۲ | Council Home/Borkon lokurs. | 17-15 | 70-30 | | 10 | | - | | | | | |
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| | y amounts received by way of Travelling & Subsistence from any other Au | | | | 30 | | | | ļ | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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MEMBERS ALLOWANCES CLAIM

| 4 | | IATUALDE | | | | |
|---|-----------------------------|---------------------------------|------------------------------|---|---|-----|
| | | . / | Name of Member | BURROWS | Pay No. | |
| Claim for Month of | <u></u> | <u>)</u> © | (Block capitals please) | | . 1<00 | |
| Car (Make/Model) Humo | ai Matrix | | Registration No. 1 | | Exact Cubic Capacity 1599_cc. | |
| Car (Make/Model) House Address 5 Doc D | me - Kourst | y Borken | ₹ | | | |
| the rates determined by Bolton | Metropolitan Borough Cou | ıncil. | oue not made, and will not B | nake, any claim under any (| duties as a Member of the Bolton imed are strictly in accordance with enactment for travelling or subsistence | |
| expenses or allowances, or fina | ncial loss allowance of acc | Induited and | | | | .13 |
| (b) I am the holder of a rurron | driving licence and hav | re adequate insurance MEMBER | cover for the use of my ve | chicle on Council busine Date 29/0/6/0 | ss. (For Car Allowance claimants or | |
| Approved | | | | Date | | |
| | FC | R OFFICIAL USE | ONLY (Completed by C | Committee & Members Serv | rices) | • |
| 1 | Amount | | Miles | | | |
| | £:p | | 144 | Dataila in | put onto Payroll system: | |
| * Subsistence Allowance | ; | Normal Mileage | +30 | Details in | Put onto 1 hyron oy 2 to 2 | |
| Subsistence Allowance (Taxable) | : | | 174 | Ву: | | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: | | |
| Dependent Carer's Allowance | : | | | | · | |
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Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



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| | including Locations (From & To) | | | | 1.7 | | | | | | |
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| 13/100 | | 8.30 | 11-00 | <u></u> | 10 | | <u> </u> | | | | |
| 27/6/06 | You't challenge Home/ Borken lekans | 15-15 | 18-00 | <u></u> | 10 | | | <u> </u> | | | |
| 28/2/06 | Youth Champhale . Having Barren Secret | 16-00 | 19-00 | C | 10 | | <u> </u> | | <u> </u> | | |
| 30/4/06 | Council Home/ Balkon Pekurs | 10-00 | | | | | | ļ | | | |
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL

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| ome Address <u>S DEE D</u> DECLARATION: a) I declare that I have actually and I | KIVO | | | Wise ma to perform duties as a Mer | nber of the Boiton | |
| Offic Man- | | ti and subsister | ice for the purpose of ena | bling me to perform duties as a Mer that the amounts claimed are strictly ny claim under any enactment for t | in accordance with | |
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| I declare that I have actually and I | - I have actually paid the fa | res and made other payments | | | evalling or subsistence | |
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| the rates determined by Bolton M | lettopontar 2 2 | Everytas shown, I have not m | ade, and will not make, - | n this form. | | |
| atigulars inse | rted on this form are correct. | except as service in connection w | rith the duties indicated o | ny claim under any enactment for t n this form. on Council business. (Fo | r Car Allowance claimants only) | |
| I declare that the particulars | cial loss allowance or attenda | INCE AHOWALLED | ما المام | on Council business. (Fo | r Car Allowance | , |
| the rates determined by Bolton M I declare that the particulars inserveness or allowances, or finances (b) I am the holder of a current of | | 1 to insurance cover for | r the use of my venicle | | • | |
| Commont C | driving licence and have a | dequate insulation | D ₂ | te 16/9/06 | | |
| (b) I am the holder of a current | | MEMBER | Δ. | - | | |
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| ic.8, cm Cararis | | | | 1 | • | |
| Dependent Carer's | 1 : 1 | | | | | |
| Allowance | ı | | • | l place of employment, AND you ar tional Insurance. | array for more than 5 hours. | |
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* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



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| Particulars of Journeys | Time of | 1 | Travel | Claimed | £ | P | | | . \ |
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

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| Address SDEE DI | 3,00 | | the purpose of enabling | me to perform duties as a strictly in ac | cordance with |
| ome Address | Lituro i | n travelling and subsistence ! | for the purposes and that the | e amounts claimed | |
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| the rates determined the rates | d on this form are correct. Exec | illowance in connection with | | council business. (For Car | Allowance Carrie |
| A) I declare that Borough Council; that the rates determined by Bolton Metr I declare that the particulars inserte expenses or allowances, or financia | l loss allowance of accessor | cover for t | ne use of my vehicle on C | is to let | |
| expenses of anoward | ing licence and have adequ | late insurance cover | Date | 16/9/06 | |
| I declare that the particulars inserte expenses or allowances, or financia (b) I am the holder of a current dri | VIIIg needs | MBER | | | |
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* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.

To all other circumstances the reimburgement will be embloated deduction of both Income Toy In National Income. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance. Notes:

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | | ` | Mode of | Miles | Dependent Carers Allowance | Fares and other Expenses | Subsistence Allowance £ | P |
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| of Travelling & Subsistence from any o | | . toodies | | <u> </u> | | | 4 | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Name of Member Clir - D. Burlows 20 00 6 Ockobel Claim for Month of (Block capitals please) Exact Cubic Capacity Malor Registration No. Car (Make / Model) Home Address **DECLARATION:** (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) **MEMBER** Signed Date Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles Amount £:p Details input onto Payroll system: Normal Mileage * Subsistence Allowance Subsistence Allowance By: (Taxable) Travel Reimbursement Date: (e.g. Car Park, taxis) Dependent Carer's

Notes:

Allowance

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | Particulars of Journeys | | | | Miles | Dependent Carers | | Fares and | other | Subsister | |
|--------------|--|---------------|-----------------|--------------|----------|--|-------------|------------|-----------|--------------|----------------|
| Date | Description of Approved Duties, | i . | ie of Return | of Travel | Claimed | Allowance £ p | | Expen £ | ses 12 | Allowar £ | nce p |
| | including Locations (From & To) | Departure | | | | | P | | <u> </u> | | 1 |
| 2-10.06 | Development + logeneration Home-Bolton Retin | 17.00 | 19.30 | 2 | 10 | | | | | | : |
| 9.10.06 | Donel opmant + lagena schen Home-Bolton Rekun Favnwarth + Keensley mambers. — 4 | 16-60 | 18- అ | <u></u> | i O_ | | | | | | <u>!</u> |
| u-10-06 | Childrens Visit -4- | 15. W | 17-00 | <u>c</u> | 14 | | | | | | <u>:</u> |
| 13 .10 . 0 (| N. W. C. C. C. Wigon Home + Pekurn | 12-00 | 16-00 | <u>C</u> | 3 O_ | | | | | | ! - |
| 25.10.06 | Connail Home-Borkon Return | 18.00 | ચે ા -૩૦ | <u></u> | 10 | | <u> </u> | | | | <u> </u> |
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| | amounts received by way of Travelling & Subsistence from any other Auth | orities or bo | dies | • | 174 | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodie on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL



MEMBERS ALLOWANCES CLAIM

| Claim for Month of No. | \ | (E | Name of Member Slock capitals please) Legistration No. | Cll V. D. BURROWS Pay No |
|--|---|---|--|---|
| Home Address 5 DEE T | DRIVÉ KEA | RSVEY BOrron Bu | 48QA | |
| Metropolitan Borough Counci the rates determined by Bolton | l; that I have actually n Metropolitan Borou | paid the fares and made other paym gh Council. | ents shown on this form | e of enabling me to perform duties as a Member of the Bolton n; and that the amounts claimed are strictly in accordance with |
| I declare that the particulars in expenses or allowances, or fin | nserted on this form a ancial loss allowance | re correct. Except as shown, I have r or attendance allowance in connection | not made, and will not ma on with the duties indica | nake, any claim under any enactment for travelling or subsistence ated on this form. |
| (b) I am the holder of SignedApproved_ | g licence an | d have adequate insurance cove MEMBER | r for the use of my vel | Date |
| | | FOR OFFICIAL USE ON | NLY (Completed by Co | Committee & Members Services) |
| | Amount £:p | | Miles | |
| * Subsistence Allowance | : | Normal Mileage | 00 | Details input onto Payroll system: |
| Subsistence Allowance (Taxable) | : | | | By: Cm |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: 25.1.07 |
| Dependent Carer's Allowance | . : | Total for s | 3 182. | |
| NT have | | 0 | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | | Mode | | | | | | | | | | |
|-------------------------|---------------|--|-------------|--------------------------|----------|----------|------------------|----------|-----------------|----------|--|--------------|
| Particulars of Journeys | | | | | | Miles | I - | | 1 1 | | Subsistence Allowance | |
| Date | | | | Time of Departure Return | | Claimed | Allowance £ p | | Expenses £ p | | £ p | |
| 1.11.0b | Appeals Panel | Home-Borton Retur | 13~00 | 17-30 | C | 16 | | | | | | |
| 6.11.06 | 1 | <u> </u> | 16-00 | 18-30 | <u>_</u> | 10 | | | | | | <u> </u> |
| 7-11.66 | l \ \ | - \ - | 8.00 | 12-00 | C | .10 | | <u> </u> | | | | <u> </u> |
| 14-11.0b | * | <u> </u> | 14-30 | 18.00 | U | 1-8 | | | | | · | <u> </u> |
| 28.11.06 | , , | - y ' | 17.00 | (9.30 | C | 10 | | | | | | |
| 29-11.06 | | <u> </u> | 15-60 | 17.30 | С | 10_ | <u> </u> | | • | | | |
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| Deduct any | · | 68 | | | | | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodie on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

| | | | | | · (12 12 12 12 12 12 12 12 12 12 12 12 12 1 | | | | | | |
|--|---|--------------------|---------------------------------------|------------------------------|---|--|--|--|--|--|--|
| Claim for Month of | comboi | <u>d 00</u> 02 | Name of Member(Block capitals please) | CILV D. BURROWS | Pay No. | | | | | | |
| Car (Make/Model) Hide | , | | Registration No. Y | <u>Exact</u> Cubic | Capacity <u>1899</u> cc. | | | | | | |
| Home Address SDEE D | RIVE, KFAR | SLEY Berton | BLK 800A | | | | | | | | |
| DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. | | | | | | | | | | | |
| I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. | | | | | | | | | | | |
| (b) I am the holder of a current | (b) I am the holder of a current diving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) | | | | | | | | | | |
| Signed | | MEMBER | · | Date | | | | | | | |
| Approved | | _ | | Date | | | | | | | |
| | | FOR OFFICIAL USE (| ONLY (Completed by Co | ommittee & Members Services) | | | | | | | |
| . (| Amount | | Miles | | | | | | | | |
| | £:p | 27 1169 | 10 | Details input onto Pay | roll evetom | | | | | | |
| * Subsistence Allowance | : | Normal Mileage | 140 | Details input office 1 ay. | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Subsistence Allowance (Taxable) | : | | | Ву: | | | | | | | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: | | | | | | | |
| Dependent Carer's | • | | | | | | | | | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| Particularies of power business Date Particularies Par | | | | | | Mode | Miles | Dependent | Carers | Fares and | other | Subsister | nce |
|--|-------------|------------------------|-------------|----------|--|------|-----------|--|----------------|-----------|----------|-----------|----------|
| Date Departure Departure Travel Claimed E P E | | | | | | | ********* | Allowance | | Expenses | | Allowar | nce |
| 4-12.06 Informal Council Home Botton Reha 16.00 19.00 C 10 13-12.06 Council — 4 — 18.00 21.30 C 10 19.12.06 Systematole Development — 4 — 16-30 C 10 20.12.06 Hec Forum nambers. — 4 — 15-30 18-00 C 10 | Date | | | | | | Claimed | | | | | £ | р |
| 13.12.06 Council -4 18.00 21.30 C 10 19.12.06 Systamable Development -4 16-50 C 10 20.12.06 Area Forum Mambers4 15-30 (8-co C 10) 15-30 (8-c | 1. (0 1 | | | | 19.00 | Ċ | 10 | | | | · | | |
| 12.06 Sustainable Development | | <i>l</i> . | - L | Ē. | | Č | 10 | | <u></u> | | | | |
| 15-30 18-co C 10 | 13-12-06 | | | | | | 10 | | | | | | <u> </u> |
| | 19. 12-0 C | in a Province House | _ 4 | | | C | 10 | | | | | | |
| | 20 - 12-06 | THOC. FOR UM MOINCESS. | | 33 | | | | | | | | | |
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

| | | | | 1 ROPALIC | D - M- |
|--|---|--|--|---|------------------------------|
| Claim for Month of JA | <u>√</u> 2 | | Name of Member <u>C</u> (Block capitals please) | LR.D. BURROHS | Pay No |
| Car (Make / Model) / YUN) | I MATE | <u>x</u> | Registration No. | Exact Cubic Car | pacity <u>1599</u> cc. |
| Home Address | E DelVE | Kenesucy Box | TON | <i>,</i> · · · | |
| Metropolitan Borough Council the rates determined by Bolton | that I have actually Metropolitan Borou | paid the fares and made outer pay th Council. | not made, and will not mak | enabling me to perform duties as a Membe fid that the amounts claimed are strictly in e, any claim under any enactment for trave d on this form. | |
| (b) I am the holder of a current Signed | | | ver for the use of my vehi | | ar Allowance claimants only) |
| | | FOR OFFICIAL USE O | NLY (Completed by Com | mittee & Members Services) | |
| | Amount £:p | | Miles | | |
| * Subsistence Allowance | £ : p | Normal Mileage | 28 | Details input onto Payroll | system: |
| Subsistence Allowance (Taxable) | : | • | | Ву: | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: | |
| Dependent Carer's Allowance | ; · | | | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance:

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| Date | Particulars of Description of Approved Duties, Time of | | | | Miles | Dependent Carers Allowance | | Expenses | | Subsistence Allowance | |
|----------|--|-----------------|----------|----------|---------|----------------------------|----------|----------|----------|--------------------------|--------------|
| Date | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | p | £ | P | £ | P |
| 16-1.07 | Health Scrubing | 8-12 | 13-12 | <u> </u> | 10 | | <u> </u> | | | | <u>:</u> |
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| 17.1 67 | Childrens Visit 21. Pocket nook | | | | | | <u> </u> | | | | <u> </u> |
| 1,1,0 | Childrens Visit, 21. Pocket nook Westhoughton | 15 15 | 17-00 | ے | 18 | | <u> </u> | | | | |
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| | a construction received by way of Travelling & Subsistence from any other Au | thorities or bo | dies | | 70 | | | | | | <u>!</u> |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL

| | В | OLTON METROP | OLITAN BORO | UGH C | COUNCIL |
|--|---------------------------|--------------------------------|---|------------------|--|
| | _ | MEMBE | RS ALLOWANCI | S CLAII | M . |
| | | IATIMA | | <i></i> | P D BURROWS Pay No. |
| Claim for Month of FLBRUA Car (Make/Model) Hyun () | AI MAI | TRIX. | Name of Member (Block capitals please) Registration No. | | Exact Cubic Capacity SQCcc. |
| • | \ | // ~ | 2-ON_ | | |
| Home Address 5 | . Deluz | 11:ng and | subsistence for the pur | pose of enal | bling me to perform duties as a Member of the Bolton that the amounts claimed are strictly in accordance with the amounts claimed are strictly in accordance with |
| DECLARATION: | necessarily incurred e | xpenditure in travelling and | payments shown on this | form; and t | that the amount of the control of th |
| Mattoonar 0 | | Court | | | 417 CIAITII IIIIIIII IIIIII IIII |
| the rates determined in the rates in se | rted on this form are o | correct. Except as shown, 1 in | nection with the duties | indicated or | n this form. (For Car Allowance claimants only) |
| the rates determined by Bolton M I declare that the particulars inse expenses or allowances, or finance (b) I am the holder of a current of | rial loss allowance or | attendance anowares | a aa of n | ov vehicle | on Council business. (For Car Allowance cuarmanness) |
| expenses of another | · · · · - a licence and l | have adequate insurance | cover for the use of the | ity verification | 1/3/07 |
| (b) I am the holder of a current of | irrying licence min | MEMBER | | Da | te |
| William Control of the Control of th | | MEMBER | | Da | |
| Signed | | | | | |
| APP | | FOR OFFICIAL US | E ONLY (Complete | a by Comm | ittee & Members Services) |
| | | • | M | iles | |
| | Amount | | 0/ | \sim 1 | Details input onto Payroll system: |
| | £:p | Normal Mileage | 189 | 2 | |
| * Subsistence Allowance | | | +28 | | ву: СМ |
| Subsistence Allowance (Taxable) | | | | | Date: 2.3.07 |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | · | |
| Dependent Carer's Allowance | : | | l | - L | l Florence |

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.
 - Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | | | | | Mode | Miles | Dependent C | arers ce | Fares and Expens | ses | Subsister Allowar £ | |
|-------------------|---|-------------------------|-----------|--------|-------------|-------------|--------------|--|---------------------|-------------|---------------------------|--|
| _ | Particulars of Journ | neys | Time | e of | of | Claimed | £ | p | £ | P i | | |
| | - 6 Approved Duties, | | Departure | Return | Travel | | | | | | | |
| Date | Description of Appro- including Locations (From & To |) | | 17-30 | <u> </u> | 10 | | | | | | <u> </u> |
|)ate | HUMA HOMA | VA BOULT | 13/00 | 13-00 | C_ | 10 | <u> </u> | | - | | | <u> </u> |
| az chudre | ns Sonit ing name | - I/A K OUX OVILLESS | | | 1 ^ | 10 | <u> </u> | <u> </u> | -\ | - | | |
| 1.0/1 | ns Some viry Home Some way Hom Sources Someting Hos | no to bolton lot | 18.00 | 19-30 | | 10 | | | | | | |
| 2.0/1. 1/2 Carlay | Sa sees Scruling Hos | MO - PO - BOMON - 10 1- | 18.00 | 20-30 | _ | | | | \ | | | |
| . 2.07 Adult | Sources 5 | La BOUTEN 1000 | | 16-0 | <u> </u> | 30 | | | | | | |
| | | in lationar ken | <u> </u> | | | 10 | | | | _ | | |
| 3 2.07 N.W.C | <u>cc.</u> | me-ro-baron Ro | 18-00 | 4-40- | | | | | | | | |
| 8.2.0) Cours | il Ho | WU -10 | \ | | \ | | | <u> </u> | | | | _ |
| 8.2.01 Court | | | | | | | | | \ | | | |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BYRNE J

| BOLION INCLINE |
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| MEMBERS ALLOWANCES CLAIM |
| |
| Name of Member |
| Claim for Month of Jane 20 06 Name of Member John Solve Capacity 984 cc. (Block capitals please) Registration No. Registration No. GATE ROAD Solve Capacity 984 cc. Home Address 2 MANOR VILLAS, MAJOR GATE ROAD Solve Capacity with secondaries with |
| Claim for Month of Registration No. |
| Claim for Month or Registration No. Registration No. Borra. |
| Car (Make/Model) (A) (A) (A) |
| a Marior Vicas, Iverton |
| Home Address DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton because that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton because the Bolton of the Bolton |
| Home Address |
| DECLARATION. Declaration of the large start of the paid the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares and made other payments shown on this form, and the fares are the fares and made other payments shown on this form, and the fares are the fares and made other payments shown on this form, and the fares are the fares and made other payments shown on this form, and the fares are the fares and made other payments shown on the fares are the fa |
| (a) I declare that I have actually part the Matropolitan Borough Council; that I have actually part the Matropolitan Borough Council. |
| the rates determined by Bolton Metropolitan Boross Except as shown, I have not made, and will not make, and will not make, and will not make and the state of the |
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| I declare that the particulars inserted on this formation with the particulars inserted on this formation with the particulars inserted on this formation with the particulars inserted on the followance of the use of my vehicle on Council business. (For Car Allowance claimants only) |
| (b) I am the holder of a current diving |
| Date Of The State |
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| FOR OFFICIAL USE OILE (|
| MINES |
| Amount Details input onto Payroll system: |
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| Allowance 1 AND you are away for more than 5 hours. |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

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| | > AT | MBERS ALLOW | ANCES CLAIM | | | |
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| | | Name of Mer | nber John | | oic Capacity 1984 | , |
| Jaky | 20_06 | (Block capitals plea | ise) | _ Exact Cub | oic Capacity | _cc. |
| Claim for Month of | 0 - 1880 | Registration | No. | | | |
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| Home Address 2 | | | the mirpose of enabli | ing me to perform duties as | a Member of the Double with | |
| DECLARATION: | in trave | littig attit suosasta | on this form; and the | at the amounts com | , | |
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| the rates determined by | d on this form are correct. Except as sh | own, I have not zero, | e duties indicated on t | this form. | alaim | ants only) |
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| expenses of anowalice, | y are and have adequate in | surance cover for the 1 | ise of my vender | astocito6 | | |
| I declare that the particulars inserte expenses or allowances, or financial (b) I am the holder of a current dri | ving licence and in the | | Date | 00/1/2/ | | |
| | MEMBER | | Date | 06/00/06 | | |
| Signed | | | | | | |
| Approved | | | and the Committee | tee & Members Services) | | |
| T.F.F. | FOR OFFICE | AL USE ONLY (C | ompleted by Comm | • | | • |
| | | • | Miles | | | |
| | Amount | | 1 20 | Details input on | to Payroll system: | |
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| Subsistence Allowance | 6:471 | | | | | • |
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* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be retu



| 1 was gived by way of Travelling & Subsistence from any other Authorities or bodies | Description of 1-1-1 | 18-00 17-20 CA 16-00 17-15 CA 18-00 21-00 CA 18-00 16-10 CA 12-30 16-20 CA | vel Claimed AN CY AN G AN G AN G AN 21 AN 9 CAN 9 | | Fares and other Expenses £ P | Subsistence Allowance £ P | 7 |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

| BOLTON METROPOLITATE DOTA |
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| THE ALLOWANCES CLAIM |
| MEMBERS ALLOWING BY No. 1 |
| ca combar of the compared of t |
| Claim for Month of Autus 7 20 06 Name of Member 70 Feet 1984 cc. (Block capitals please) Registration No. 1984 cc. |
| Claim for Month of Autus 7 20 06 (Block capitals please) Exact Cubic Capacity 1 6 7 cc. |
| Claim for Month of Registration No. |
| Car (Make/Model) Citaten (), CASSO Registration 100 Regis |
| al MANY (the 12) |
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| Home Address |
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| the rates determined by Bolton Metropolitan botons. Except as shown, I have not made, and will not make, and will not make and wil |
| (a) I declare that I have actually and necessarily incurred expenses and made other payments shown on the factor of the factor o |
| I declare that deep land the property of an allowance of attended to the property of my vehicle on Council business. |
| I declare that the particulars inserted on this formal loss allowance or attendance allowance in connection were expenses or allowances, or financial loss allowance or attendance allowance for the use of my vehicle on Council business. (For Car Allowance claimants only) Date Date MEMBER |
| (b) I am the holder of a current driving incence date. |
| (b) I am the holder MEMBER |
| Signed |
| ApprovedFOR OFFICIAL USE ONLY (Completed by Committee & Members Services) |
| Approved & Members Services) |
| FOR OFFICIAL Miles |
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| Details input onto 2 and 1 |
| Normal Mileage |
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| a Listance Allowance \ \(\frac{\text{O.T.}}{\text{V.T.}} \) |
| (Taxable) TOTAL 16.21 Date: |
| Travel Reimbursement : |
| (e.g. Car Park, taxis) |
| Dependent Carer's |
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| Allowance AND you are away for more than 5 hours. |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



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| ald 156 (4 Cal | 100 | CA | 2 9 | | * 23 | 7. | | <u> </u> |
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| 10/8/06 VINELLANG (RAINGEN AND CRIEVANCE (RAINGENT) | 19-4 | O CH | <u> </u> | ZALE. | | Gi | | |
| 16/8/06 DISCIPLINE AND CRIED TOWY (Bury Total) | 10-30 18-3 | CH | HG | | | 10 | | · |
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| Cabcictance from any other | Municipal | | | | • | | | |

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

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| Home Address 2. /VCA | twoic ordain | _ | | duties a | as a Member of the Bolton | |
| Home 130 | I necessarily incurred expenditure in tra that I have actually paid the fares and m Metropolitan Borough Council. | welling and subsistence for | the purpose of en | abling me to perform difference are | e strictly in accordance with | |
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| I declare that the particulars ins | that I have actually paid the fares and metropolitan Borough Council. Metropolitan Borough Council. Metrodo on this form are correct. Except as a metal loss allowance or attendance allowance. | vance in connection with the | | G-uncil husiness. | (For Car Allowance claimants only) | |
| expenses or allowances, or illian | ncial loss allowance or attendance allow driving licence and have adequate | insurance cover for the u | ise of my vehicle | e on Comich buodis | | |
| (1) I am the holder of a current | driving licence and have adequate | | D | ate_16/11/06 | | |
| (b) Tant L | MEMBI | ER | | Date | | |
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| Travel Reimbursement | - • | | | |
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* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance. Notes:

| Particulars of Journeys Description of Approved Duties, Departure Rehim Travel Claimed E p E p E p Allowance p E p Allowa | | | | 114 | Miles | Dependent (| Carers | Fares and othe | i - | Subsistence Allowance |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLIIAN BURUUGII GUORG MEMBERS ALLOWANCES CLAIM BYRNE JOHN Exact Cubic Capacity 1984 cc. Name of Member Claim for Month of SEPTENBER 20 06 BREIGHT NET BORTON. (Block capitals please) Car (Make/Model) CiThEoni PicASSO. Registration No (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton. Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with Home Address_ I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (For Car Allowance claimants only) (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Signed Approved Details input onto Payroll system: Amount Normal Mileage £:p By: * Subsistence Allowance Subsistence Allowance Date: (Taxable)

Notes:

Dependent Carer's * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

Travel Reimbursement (e.g. Car Park, taxis)



| | * | · | Mode | Miles | Dependent C | | Fares and Exper | | Subsist | 1 |
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| | | | of | | £ | ا ه | £ | p_ | <u></u> | |
| Particulars of Journeys | Time | Return | Travel | Claimed | - | | | | 8 | 38 |
| tion of Approved Duties, | Departure | Kenna | CAR | 'a | \ _ <u>_</u> | | | | | |
| Date including Locations (Florit 42-7) | -16-00 | i | Chart | | | | | | | |
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| titled Each Council | 0 3-30 | 10 | | 6 | · \ | <u> </u> | | | | |
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| 14/04/06 PUBLIC ARTS (DUST) | | | CA | R 8 | | | | | Ì | |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

| | N METROPOLITAN BOROUGH GUUNOIL |
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| BOLIO | MEMBERS ALLOWANCES CLAIM Pay No. 1 |
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| Claim for Month of Car (Make/Model) Ci Macon Picasso | NANON GAR ROAD, B Notes of the Bolton |
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| expenses of the expenses of th | dequate insurance cover for the use of my Ventes Date U6 14 06 |
| (b) I am the holder of a current unverse | MEMBER |
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| FOR | 11 |
| Amount | Details input onto Payroll system: |
| £:p | Normal Mileage 437 |
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* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance. Notes:

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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

BOLTON METROPOLITAN BOROUGH COUNCIL MEMBERS ALLOWANCES CLAIM 154 NWE Exact Cubic Capacity 1984 cc. 20 07 (Block capitals please) Claim for Month of Registration No. BREIGHT MET MANTOR GATE KOA (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Home Address Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (For Car Allowance claimants only) (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. MEMBER Signed FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Approved Miles Amount Details input onto Payroll system: £:p Normal Mileage :5 * Subsistence Allowance By: Subsistence Allowance Date: (Taxable) Travel Reimbursement

Notes:

Allowance * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

(e.g. Car Park, taxis) Dependent Carer's



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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

XTS 05/04/2006

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Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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xt 5 05/04/2006

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| (Taxable) Travel Reimbursement | |
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Allowance * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

(e.g. Car Park, taxis) Dependent Carer's



| | <i>y</i> | | Mode of | Miles | Dependen Allow | | Fares and Expens | | Subsisten Allowand £ | 1 |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars

BYRNE L

MEMBERS ALLOWANCES CLAIM

| | | | | | |
|---------------------------------|--|---|---|--|-------------------------------|
| Claim for Month of | per'l 2 | 06 | Name of Member | Anda BAwe | Pay No. |
| | | | (Block capitals please) | | 3 80 |
| Car (Make/Model) Peu | gest 20 | 600 | Registration No. | Exact Cubic Ca | apacity <u>1 · S · · </u> cc. |
| DECLARATION: | | | aubainten as for the purpose | of enabling me to perform duties as a Mei | mber of the Bolton |
| Metropolitan Borough Counc | ril; that I have actually m Metropolitan Borou; | paid the fares and made other p gh Council. | ayments shown on this form | of enabling me to perform duties as a Mei n; and that the amounts claimed are strictl | y |
| | was this form at | e correct. Except as shown, I ha or attendance allowance in conr | ve not made, and will not m section with the duties indica | ake, any claim under any enactment for t ated on this form. | ravelling or subsistence |
| (b) I am the holder of a curren | nt driving licence and | d have adequate insurance co | over for the use of my vel | nicle on Council business. (For C | Car Allowance claimants only) |
| Signed | | MEMBER | | Date 31/5/06 (Foo | April.) |
| Approved | | | | Date 01 06 06 | |
| | | FOR OFFICIAL USE O | NLY (Completed by Com | mittee & Members Services) | |
| 1 | Amount | | Miles | | |
| | £:p | | (1) | | |
| * Subsistence Allowance | : | Normal Mileage | | Details input onto Payrol | l system: |
| Subsistence Allowance (Taxable) | : | , | , | Ву: | |
| Travel Reimbursement | : | | | Date: | |
| (e.g. Car Park, taxis) | | | 7 | | |
| Dependent Carer's | | | 7 | | |
| Allowance | | | i | | |
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Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



| • | Particulars of Journeys | | | Mode | Miles | Dependent | Carers | Fares and | | Subsis | |
|--------------|--|-----------|-----------------|----------|----------|-----------|--|--|--------------|------------|--------------|
| Date | Description of Approved Duties, | Tim | e of | of | | Allowa | | Expen | | Allow £ | |
| 1 | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | . p | £ | P | £ | P |
| +/4/06 | All Agents + (and dates & chilf exec. | to the | 4000 | COL | 6 | | <u> </u> | | ٠. | | <u> </u> |
| 5/4/06 | Area Forum. Little Lever. | 2 grie | of pin Notre | car | 0 | | <u> </u> | | | | - |
| 3/4/01 | Planning Site vigit Kentriese Rd. Ont | 1001k | 6 | CAR | 11 | | 1 | | <u> </u> | <u></u> | + |
| ~ | Manno Meeting. | 1000 | 25 67 | Cov | 6 | <u> </u> | <u> </u> | | <u> </u> | | + |
| P1/4/04 | Planning. | 6 pm | 7.30 | car | (6) | <u> </u> | <u> </u> | | <u> </u> | - | ╬ |
| 27:4,CX | Planning. | 15-30 | 5-pm | Covi | 6 | | | | | | |
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| | amounts received by way of Travelling & Subsistence from any other Aut | | | | 41 | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

| | | | MEMBERS AL | | | | | |
|--|--|--|---|---|--|--|---------------------------|--|
| AIM TOI MOREIN OF | >e-1\ | 20 0 6 | (Rlock c | mitels please) | -Avga | Byrne | Pay No | |
| r (Make/Model) Peug | leor - | 20€ cc | _ | tration No. | <u> </u> | - | • | |
| ECLARATION: I declare that I have actually an Metropolitan Borough Council, the rates determined by Bolton I declare that the particulars insexpenses or allowances, or finate the bolder of a current | Metropolitan serted on this | Borough Council. form are correct. Excepwance or attendance a | ot as shown, I have not Howance in connection ate insurance cover f | made, and will no with the duties in | make, any claim licated on this for | under any enactment for n. | travelling or subsistence | |
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| The state of the s | NAME OF THE PERSON OF THE PERS | | | ((Completed by (| | | | |
| Approved | | FOR OFFI | CIAL USE ONLY | ((Completed by (| | | | |
| Approved | Amoun £:1 | FOR OFFI | CIAL USE ONL) | | Committee & Men | | | |
| * Subsistence Allowance | Amoun | FOR OFFI | | Miles | Committee & Men | bers Services) Details input onto Payr | | |
| * Subsistence Allowance Subsistence Allowance (Taxable) | Amoun | FOR OFFI | CIAL USE ONL) | Miles | Committee & Men | obers Services) Details input onto Payr | | |
| * Subsistence Allowance Subsistence Allowance | Amoun | FOR OFFI | CIAL USE ONL) | Miles | Committee & Men | bers Services) Details input onto Payr | | |

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. Notes: In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

| | | Particulars of Journeys | | | Mode | Miles | Dependent | Carers | Fares and | other | Subsistence | \Box |
|----|------------|---|----------------|--|--------------|----------|--------------|--------|-----------|-------------|-------------|---------|
| | Date | Description of Approved Duties, | Tim | فحدو محفد للمناسعين | of Travel | Claimed | Allowar | ice | Expen | 9 es | Allowance | == |
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| ا | 4/4/06 | All Agents + Candidates & child exect. | tome | thome. | COL | 6 | | | | | | _ |
| | 5/4/00 | Area forum. Little Lever. | 200 mg | مر چرد | car | Q | | | | | | |
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| ľ | ralain | Planning meeting. | hime 6pm | 9.30 | | 6 | | | | | | |
| H | P(/4/04 | Council Planning | nou | h | cer | | <u> </u> | | | | | \neg |
| ħ | 27.4.04 | · Planning | 15-30 | 5-10-1 | Car | 6 | <u> </u> | | | | <u> </u> | _ |
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| 1 | Deduct any | amounts received by way of Travelling & Subsistence from any other Author | orities or how | lies | | 41 | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

Car Claim Forms for Members.XLS 04/01/2006

42p/mile

MEMBERS ALLOWANCES CLAIM

| Claim for Month of \(\text{\text{\$\sigma}} \) | <u>.</u> | 20 <u>C </u> | Name of Member(Block capitals please) | | Pay No. |
|---|---|---|---------------------------------------|-------------------------------|--|
| Car (Make/Model) Perioe | 50p 50p | CC | Registration No. | Exact | Cubic Capacity 1.8. cc. |
| the rates determined by Boltor | l; that I have actuall Metropolitan Boro | y paid the fares and made other ugh Council. | ave not made, and will not mak | e, any claim under any enactr | s as a Member of the Bolton are strictly in accordance with nent for travelling or subsistence |
| (b) I am the holder of a curren | 7.4 | | cover for the use of my vehic | | (For Car Allowance claimants only) |
| Approved | | | | ateittee & Members Services | · |
| , | | FOR OFFICIAL USE | ONLY (Completed by Comm | itice & Michibers on views | • |
| | Amount | | Miles | | |
| * Subsistence Allowance | £ : p : | Normal Mileage | 29 | Details input ont | o Payroll system: |
| Subsistence Allowance (Taxable) | : | | | Ву: | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: | |
| Dependent Carer's Allowance | : | Total Apr+May - | _ [70] | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



| | Particulars of Journeys | | | Mode | Miles | Dependen | | Fares and | | Subsister Allowan | |
|---------|---|---------------------------------------|-------------|--|----------|--------------|--|------------|---|----------------------|----------|
| · Date | Description of Approved Duties | Time | 7 | of | Claimed | Allowa £ | ince p | £ | p | £ | Ď |
| | including Locations (From & To) | Departure | Return | Travel | Claimed | | <u> </u> | - | , , | | |
| 5.5.06 | POST Election neeting with Chaff Rec. | 2 por | -36 m | Cer- | و | | <u> </u> | | | | |
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| 18.6.0 | Planning | pon | non- 5pm | 500 | 6_ | | <u> </u> | | | | <u> </u> |
| 24 600 | Planning. Council AGM | N.5mg | 7.30 | ميد | 6 | | | | | | <u> </u> |
| 27-3,00 | CSC CC TC. | | | , | <u> </u> | . 40 <u></u> | <u> </u> | <u>, ,</u> | والمقرامين | <u> </u> | <u> </u> |
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| D 1 . | y amounts received by way of Travelling & Subsistence from any other Auti | horities or bo | dies | | 29 | . | | l | | <u> </u> | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

42p/mile

| Claim for Month of | : | <u>66</u> | Name of Member (Block capitals please) | Inda BYRNE | Pay No. |
|--|---|--|--|--|-------------------------------|
| Car (Make/Model) Peug | eot 2060 | <u> </u> | Registration No. | Exact Cubic Ca | pacity 1.6-cc. |
| Metropolitan Borough Council the rates determined by Bolton I declare that the particulars in expenses or allowances, or fina | ; that I have actually pa Metropolitan Borough serted on this form are ncial loss allowance or | id the fares and made other in Council. Correct. Except as shown, I have attendance allowance in con- | payments shown on this form ave not made, and will not ma nection with the duties indica | • | ravelling or subsistence |
| (b) I am the holder of a current Signed Approved | driving licence and | nave adequate insurance c | 1 | icle on Council business. (For Control of Co | Car Allowance claimants only) |
| | · F | OR OFFICIAL USE C | NLY (Completed by Com | nittee & Members Services) | |
| * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance | Amount £:p : : | Normal Mileage | Miles 46 | Details input onto Payroll By: Co Date: 3 (8 (0 6 | system: |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



| | Particulars of Journey | August Au | | Mode | Miles | Depender | | Fares and Expen | | Subsist | |
|--|---|--|--------|----------|----------|------------|---|--|-------------|--------------|--------------|
| | Description of Approved Duties, | Tim | e of | of | | Allow £ | | Expen | p | £ |] |
| Date | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | p | | r . | | T |
| 11/25 | thome take that | 12:30 | 4.30 | CAR | <u></u> | | | | | | ╫ |
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| 1, 15 | Health Scruting April west programmes | 9 -30 | 4-30 | GAR | 6 | | | | <u> </u> | | ╬ |
| 10 100 | LIL - IN NOCHOLL YOURS ACKED ACKED TO THE | 1 4 9 4 | i (| CAR | 6 | | | | | | ÷ |
| / 6/U6 | East Routen regenerations have - Firward to | ks 430 | 6 | CAR | 4 | | | | 1 | | + |
| 16/CE | Area Forum M.O.M. home-Tawn Hall-Home. | 4 | 6 | CAR | 6. | | | | | | \dotplus |
| 6 1000 | Planning home - Town Hall - home. | / | 5 | CAR | 6 | | | | | <u> </u> | + |
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

42pmile.

MEMBERS ALLOWANCES CLAIM

| Care Prince | | | | | | |
|---|---|--|--|---|-------------------------------|-----|
| Claim for Month of | عرب عرب | 06 | Name of Member (Block capitals please) | | Pay No. | |
| Car (Make/Model) Peuge | ear 206 | °C | Registration No. | <u>Exact</u> Cubic | Capacity Cc. | |
| Metropolitan Borough Counc | il; that I have actually ; n Metropolitan Borous | paid the fares and made other] _I h Council. | payments shown on this form | f enabling me to perform duties as a a a and that the amounts claimed are stake, any claim under any enactment to do not his form | | |
| I declare that the particulars in expenses or allowances, or fin | nserted on this form at tancial loss allowance o | or attendance allowance in con | nection with the duties indica | ted on this form. | | |
| (b) I am the holder of Signed | t driving licence and | d have adequate insurance o | | icle on Council business. (F | or Car Allowance claimants on | ly) |
| | | FOR OFFICIAL USE O | ONLY (Completed by Com | mittee & Members Services) | | |
| * Subsistence Allowance | Amount £:p : | Normal Mileage | Miles 8 - | . Details input onto Pa | yroll system: | |
| Subsistence Allowance (Taxable) | : | | Ì | By: Ces | | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: 318/06 | | |
| Dependent Carer's Allowance | : | | | * | | |

Notes:

Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

| | | Particulars of Journeys | | | Mode | Miles | Dependen | | . Fares and | | Subsister Allowar | |
|-----------|---------------------------------------|--|------------------|----------------|--|--------------|--|-----------|--|--|---------------------------------------|--------------|
| Date . | | Description of Approved Duties, including Locations (From & To.) | Tim Departure | e of Return | of Travel | Claimed | Allows £ | ance P | Expens £ | p p | £ | p |
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| 7.04 Pla | <u>nrig.</u> | | | | | | | | | | | Ļ |
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| | • | way of Travelling & Subsistence from any other A | | • | | 18 | | | | | | 1 |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

. (1) HO

| Claim for Month of AU Car (Make/Model) Pe U | |) <u>06</u> | Name of Member | - YNDA | Exact Cubic C | Pay No. I | c. |
|---|---|---|--|--|------------------------|-------------------------|-------|
| DECLARATION: (a) I declare that I have actually a Metropolitan Borough Councithe rates determined by Bolton. | nd necessarily incurred il; that I have actually in Metropolitan Boroug | d expenditure in travelling and paid the fares and made other th Council. | payments shown on this for ave not made, and will not r | n, and that the an nake, any claim ur | nder any enactment for | dy in accordance with | |
| expenses or allowances, or fin (b) I am the holder of a currer Signed Approved | | | | , | business. (For | Car Allowance claimants | only) |
| | | FOR OFFICIAL USE O | ONLY (Completed by Con | nmittee & Membe | rs Services) | | |
| ı | Amount | | Miles | | | | |
| * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance | £:p : : | Normal Mileage | 60 | Deta By: Dat | ails input onto Payrol | Il system: | • |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.

In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



| | Particulars of Journey | | | Mode | Miles | Dependent | | Fares and Expen | - 1 | Subsiste Allowa | |
|--------------|--|--|--|--------------|------------|---|---|--------------------|----------|---------------------------------------|-------------|
| Date | Description of Approved Duties, | Tim | e of Return | of Travel | Claimed | Allowa: | nce p | £ | р | £ | р |
| | including Locations (From & To) | Departure | | | | | <u> </u> | | | | |
| 1.8.06 | Work - Foun Hall - Work. (Health Gerutin | 4) 9 AM | 12,000 | | <u> </u> | \ | <u> </u> | <u> </u> | | | <u> </u> |
| 7.8.00 | Nork-For Hall-Work. (Health Crutin Breightner Worth Neighbourhood Por | 5, 1-30 | 4. | CAR | 2 | <u> </u> | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | <u>:</u> |
| 9.806 | Childrens Serinces. Work Tourhau Wark | 10 | | CAL | 16, | | <u> </u> | | <u>!</u> | | |
| 10 -8 COL | Planning Horse Town Hall Horse. | 1 | <u></u> | CAR | <u> </u> | | <u>!</u> | | <u> </u> | | |
| 16.8.04 | Planning Horse Town Hall Horse. Environment Sources scruting House | 530 | 7 | CAR | 6 | | <u>!</u> | | <u>!</u> | | |
| 15. 8. Ch | Adults P.D. G. Horse Four Hall there | 9-30 | 12.00 | CAR | <i>ن</i> ى | | - 7 | | | , | |
| 2 6 2 | Adults P.D. G. Horse TownHall Horse Corporate Saves Scrutny Horse TownHall | 5. | স্থ | CAR | .6. | | | | | | |
| 21:00 | Adults Scruting, Home Town How Home. | 5 | 8 | CAR | 6 | 4 1 1 1 1 1 1 1 1 1 1 | | Table : Michigan | | | <u> </u> |
| 200 5.00 | Planning work Town Hall Home. | سما | Spr | CAR | 6 | <u> · · · </u> | <u>l </u> | <u> </u> | <u> </u> | | |
| 27.50 | | | , | <u> </u> | | | <u> </u> | | <u>!</u> | | |
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| | or concepts received by way of Travelling & Subsistence from any other Aut | horities or bo | odies | | 160 | ļ | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

| Claim for Month of Scar (Make/Model) | | | Name of Member Registration No Exact Cubic Capacity !- & cc. | <u> </u> |
|---|--|--|--|----------|
| Metropolitan Borough Counc the rates determined by Bolton | il; that I have actually n Metropolitan Borou | paid the fares and made outer gh Council. | nd subsistence for the purpose of enabling me to perform duties as a Member of the Bolton or payments shown on this form; and that the amounts claimed are strictly in accordance with have not made, and will not make, any claim under any enactment for travelling or subsistence onnection with the duties indicated on this form. | |
| - | | | Date | |
| | | FOR OFFICIAL USE (| ONLY (Completed by Committee & Members Services) | |
| * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance | Amount £ : p : : | Normal Mileage | Miles LOO Details input onto Payroll system: By: CM Date: 5/10/06 | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.



| | Particulars of Jo | | | Mode | Miles | Dependent Carers | | Fares and | | Subsistence Allowance | | |
|---|--|----------------|----------------|--|--------------|------------------|-------------|--|----------|--|--------------|--|
| Date . | Description of Approved Duties, | Tim | e of Return | of Travel | Claimed | Allowa £ | nce | Exper | ses p | £ | p P | |
| | including Locations (From & To) | Departure | Keturii | <u> </u> | | | | | | | T | |
| 6/9/00 | Council (tema Town Hall flower) | | • | CAR | 6 | | <u> </u> | | | | <u> </u> | |
| 79.06 | Picuria (Home Town Hall Horo) | | | CAR | 6. | | <u> </u> | | 1 | | | |
| 2.9-06 | Planing (Home Town Hall trans) Hearth Overview + Access to Council Services | | | CEATZ |)6 | | <u> </u> | | | <u> </u> | - | |
| 21.9.00 | Planning Home Town Hall Home. | | | CAR | 9 | <u> </u> | <u> </u> | | <u>!</u> | | + | |
| 7906 | Informal Council Hone Town Hall Home | | <u> </u> | CAR | 6 | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Area Forum Costle St. | | | CAR | | | | | | | <u> </u> | |
| | Arpa 76/04 CD 342 31. | | | | | | | | <u> </u> | <u></u> | <u> </u> | |
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| | amounts received by way of Travelling & Subsistence from any other Autl | 141 | 1: | | 40 | | | | | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodie on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

42p/mile

MEMBERS ALLOWANCES CLAIM

Name of Member LYNDA BYANE October 20 06 Claim for Month of (Block capitals please) Exact Cubic Capacity 1-8 .. cc. Car (Make/Model) PEUGEOT. 206cc Registration No. **DECLARATION:** (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (For Car Allowance claimants only) (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. Date_/3 · /2 · 06 MEMBER Signed Date Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles Amount £:p Details input onto Payroll system: Normal Mileage Subsistence Allowance Subsistence Allowance By: (Taxable)

Date:

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

Travel Reimbursement

(e.g. Car Park, taxis) Dependent Carer's Allowance



| | Particulars of Journeys | | | Mode | Miles | Dependent Carers | | Fares and other | Subsistence | |
|----------|---|--------------------|----------|----------|---------|------------------|----------|-----------------|-------------|--|
| Date | Description of Approved Duties, | Tim | e of | of | | Allow | ance | Expenses | Allowance | |
| , puic , | including Locations (From & To) | Departure | Return | Travel | Claimed | £ | p | £ p | £ | |
| 16.10.00 | Achilarens PDG, Work Town Hall-Horn | \$ 3.30 \$ 3.30 | 17.70 | CAR | 16 | | <u> </u> | | | |
| 6.10.06 | Chair + Vice Chair Area Forum. Meany | 5.30 | 7-30 | CAR | (c). | <u> </u> | <u> </u> | | | |
| 18.10.00 | Access to Council Sorvices Horse 74 Horse | SAH | 10-30 | CAR | _6. | | | | | |
| 19.10.00 | Planning. Home - T.H. Home | 1 pse | 5pm | CAR | 6, | | <u> </u> | | | |
| 2510,06 | Council Home - TH - Home. | 6,30 | 9.30 | CAR | 6 | ļ | <u> </u> | | <u> </u> | |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

BOLTON METROPOLITAN BOROUGH COUNCIL MEMBERS ALLOWANCES CLAIM

| 0 | MEMBERS ALLOWANCES CLAIM |
|---------------------------------------|--|
| | Name of Member LINDA BYRNE. Pay No. [Block capitals please] PRINCE Registration No. Registration No. Exact Cubic Capacity 1-8 cc. |
| •. | |
| Home Address | 2 MANOR VILLAS, BREIGHTMET BOLTON BLZ 6/S. |
| Metropolitan Bor the rates determi | we actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton ough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with help bolton Metropolitan Borough Council. |
| I declare that the expenses or allov | particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence vances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. |
| (b) I am the holder | of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) |
| Signed | MEMBER Date $9 \cdot 1 \cdot 07$ |
| Approved | Date |
| | |

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

| | | TOR OTHER COLUMN | (| • |
|--|--------|------------------|-------|--|
| | Amount | | Miles | |
| , | £:p | | q | To a little of the little of t |
| * Subsistence Allowance | : | Normal Mileage | | Details input onto Payroll system: |
| Subsistence Allowance (Taxable) | · : | | | Ву: |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | : | Date: |
| Dependent Carer's Allowance | . : | | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

<u>Please note that all Personal Details must be shown above and the form must be both signed and authorised.</u>

If any details are missing, the form will be returned and payment therefore delayed.

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| | Particulars of Journal | | | Mode | Miles | Dependent Carers | Fares and other | Subsistence |
|-------------|--|---------------|--------------|--------|------------|------------------|-----------------|-------------|
| Date | Description of Approved Duties, | | e of | of | | Allowance | Expenses | Allowance |
| | including Locations (From & To) | Departure | Return | Travel | Claimed | £ p | £ p | £ p |
| 3/11/06 | HERE-Town HOW- HOME (Planning) | 1000 | 5pm. | CAR | 6 | | 1 | |
| 6/11/00 | Informal Council (Travellers) Home-How | | 6· <u>30</u> | CATL | 6. | | | , |
| 7.11.06 | Health areview Scruting Hores - TownHeel- | tore | 12 | CAR | .6 | | | |
| | Access to Council Services. Home Townth | 8-30 | 10.30 | CAN | j | | | |
| 4-11-06 | Childrens + Schools PDG Wark-Town Hours | 104a | Gan | CAL | (6 | | | |
| 1511.06 | Botton family centre neeting Brightnet | 11.30 | 204 | CAR | (0 | | | |
| L L | Planing Sito Visit Botton Wyers allo F. C. | 11 Aon | , | CHIL | | | | |
| | • | , , , , | 5 pm. | CPAL | 6 | | | |
| 21-11-126 | (Breightnest) followed by Planning. Adults PDG budget meeting. | 8.30 | JZ. | CATL | 16 | | ! | |
| 21-11-06 | Leverhelino Anea Form Little Lover | 615 | 9 | CANL | 5 | | | |
| | Adults Soutry. Hore - T. H - Home. | :55 pm | 7.30 | CAL | 0 | | | |
| | Environment Scruting, Home-TH-Home | 4.30 | 8 | CAL | 6. | | | |
| J | Planning Home - T.H - Home. | 12.30 | | CAR | 6 | | | |
| <u> </u> | 713-12 - 1-11 - 11 3-12. | 1000 | | . 450 | | | | |
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| Daduct arry | amounts received by way of Travelling & Subsistence from any other Autho | rities or bod | lies | , | 95 | | | |

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

DA (i)

MEMBERS ALLOWANCES CLAIM

| Claim for Month of | <u>C</u> 20 | | | | Pay No. |
|---|---|---|------------------------------|-------------------------------------|------------------------------------|
| Car (Make/Model) | 1905t. 20 | <u> </u> | Registration No. | <u>Exact</u> Cu | bic Capacity <u>(* & *</u> cc. |
| Home Address 2 MA | WOR VILLAS | BREIGHTME | T BOLTON - | | |
| Metropolitan Borough Counc the rates determined by Bolto | ril; that I have actually pa on Metropolitan Borough | aid the fares and made other payn 1 Council. | nents shown on this form; | and that the amounts claimed are su | ichy in accordance with |
| expenses or allowances, or fi | nancial loss allowance of | attendance allowance in connecti | ion with the duties indicate | ed on this form. | · |
| Claim for Month of | | | | | |
| | | | | | |
| Approved | | | | Date | |
| | | FOR OFFICIAL USE ON | NLY (Completed by Con | nmittee & Members Services) | |
| | Amount | | Miles | , | |
| • | £:p | | | | |
| * Subsistence Allowance | • | Normal Mileage | 6. | Details input onto P | ayroll system: |
| | | | | ву: См | |
| | : . | ., | | Date: みら.1.07 | , |
| • | | Total for 3 for | no. HIT 215 | | |
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Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

<u>Please note that all Personal Details must be shown above and the form must be both signed and authorised.</u>
If any details are missing, the form will be returned and payment therefore delayed.



| | | | - | | 3.60 | T | Comen | Fares and | Lother | Subsiste | ence |
|-----------|--|-------------------|----------|--------------|--|--|--|-------------|--------------|----------|-------------|
| | Particulars of Journeys | | | Mode | Miles | Dependent Allowa | | Exper | | Allowa | |
| Date | Description of Approved Duties, | Tim | | of Travel | Claimed | £ £ | р | £ | p | £ | р |
| | including Locations (From & To) | Departure | Return | | | | <u> </u> | | <u> </u> | | T |
| 1:3-12-06 | Council Home - T.H - Home. | 615 | 9.15 | CATL | 6 | | <u> </u> | <u> </u> | <u> </u> | | ₩- |
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| | emounts received by way of Travelling & Subsistence from any other A | Authoritics on bo | dies | | 6 | | | | | | _ |

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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MEMBERS ALLOWANCES CLAIM

| Current | | | | | |
|--|--|---|---|--|--|
| Claim for Month of JO | wary | 20_07 | Name of Member | YNDA BYRNE | Pay No. |
| Car (Make/Model) Peu | igest = | SOF CC | Registration No. | <u>Exact</u> C | · · · · · · · · · · · · · · · · · · · |
| Home Address 2 M | Address 2 MANOR VILLAS MANOR GATE RD BREIGHTIMET BULTON BLZ 698 ARATION: lectare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton etropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with er rates determined by Bolton Metropolitan Borough Council. lectare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence penses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. In the holder of accurrent driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date POR OFFICIAL USE ONLY (Completed by Committee & Members Services) Amount £: p Absistence Allowance : Normal Mileage Details input onto Payroll system: bisistence Allowance : By: CM | LTON BLZ GPS | | | |
| Metropolitan Borough Counci | I; that I have actually | paid the fares and made other pa | ubsistence for the purpose of yments shown on this form; ê | enabling me to perform duties as ind that the amounts claimed are s | a Member of the Bolton trictly in accordance with |
| I declare that the particulars in expenses or allowances, or fin | nserted on this form a ancial loss allowance | are correct. Except as shown, I hav or attendance allowance in conne | e not made, and will not mak ction with the duties indicated | e, any claim under any enactment d on this form. | for travelling or subsistence |
| (b) I am the holder of a curren | it driving licence ar | nd have adequate insurance co | ver for the use of my vehic | cle on Council business. | (For Car Allowance claimants only) |
| Signed | | | | | |
| Approved | | | | Date | |
| | | FOR OFFICIAL USE C | NLY (Completed by Com | mittee & Members Services) | |
| | Amount | | Miles | | |
| | £:p | | 711 | | • |
| * Subsistence Allowance | : | Normal Mileage | / 4 | Details input onto | Payroll system: |
| Subsistence Allowance (Taxable) | : | | | By: CM | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: 1.2.0 | 7 |
| Dependent Carer's | | Tat | al 215 | • | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.

In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

Allowance



| | Particulars of Journeys | | | | | | t Carers | Fares and other Expenses | | Subsist | |
|------------|--|-------------------|-----------------|--|---------|--|----------|-----------------------------|-----------|---------|--------------|
| Date | Description of Approved Dug including Locations (From & To) | Tirr Departure | ne of Return | of Travel | Claimed | Allow: | p p | £ | nses P | £ | p |
| 9.1.07 | Adults + auture PDG budget neeting. | 9 AM | 12 - | CAR | 6. | | | | | | <u> </u> |
| 101.07 | M.O.M. Area Forum Artillery Sciete | 4:30 | 6 | CAR | 6 | | | | | | |
| **** | | 10- | 5.30 | CAR | . 6 | | <u> </u> | | | | ــــــ |
| 121.07 | Childrens PDG Work - T.H Borg. | 10 901. | Ipn | CAR | 16 | | | | <u> </u> | | — |
| 16 11:07 | Health Overiew Scrutny Work-74-Wo | k9-30 | 11 Am | LAR | 16 | | | | | | <u> </u> |
| 17-1-137 | HEALTH Overview Scrutny Work-74-Word School Place review PDC - Home | 2 30 | 6 | CAR | 6 | | | | | | <u> </u> |
| 25 1-07 | Planning - Home - T. H Home | 1 | 5 | CAR | 6 | | | • | | | <u> </u> |
| 01-1-07 | Planning - Home - T.H Home Opening of Environment resource Centre Bury Ro | 1230 | 3.30 | CAR | 12 | | | ٠. | | | <u> </u> |
| 201.01 | - Opening of Constitution | | | | | | | | | | <u> </u> |
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| D 1 | amounts received by way of Travelling & Subsistence from any other Auth | orities or bo | dies | | 74 | | | | | | |

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

(E) 40

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

| Claim for Month of | bevory. 20 C | <u>~</u> | Name of Member LYNDA BYRNE Pay No | _ |
|---|--------------------------------|----------------------------|---|---|
| Car (Make/Model) Pel | igeof sor | <u>, C</u> C. | Registration No. Exact Cubic Capacity Cc. | |
| Home Address 2 MAN | OR VILLAS | MANOR GA | TE RUAD BREIGHTMET BOLTON BLZ 6PS | |
| | l; that I have actually paid t | he fares and made other pa | subsistence for the purpose of enabling me to perform duties as a Member of the Bolton ayments shown on this form; and that the amounts claimed are strictly in accordance with | |
| | | - | ve not made, and will not make, any claim under any enactment for travelling or subsistence section with the duties indicated on this form. | |
| (b) I am the holder of a curren | t driving licence and hav | e adequate insurance co | over for the use of my vehicle on Council business. (For Car Allowance claimants only) | |
| Signed | | MEMBER | Date 28.2.67 | |
| Approved | | | Date <u>28. 2. 07</u> , | |
| | | | | |
| | FO | R OFFICIAL USE C | ONLY (Completed by Committee & Members Services) | |
| | FO Amount | R OFFICIAL USE C | ONLY (Completed by Committee & Members Services) Miles | |
| | • | • | | |
| * Subsistence Allowance | Amount | R OFFICIAL USE C | | |
| * Subsistence Allowance Subsistence Allowance (Taxable) | Amount | • | Miles | |
| Subsistence Allowance | Amount | • | Miles 24 Details input onto Payroll system: | |
| Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's | Amount | • | Miles 24 Details input onto Payroll system: By: | |
| Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) | Amount | • | Miles 24 Details input onto Payroll system: By: | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.

In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

<u>Please note that all Personal Details must be shown above and the form must be both signed and authorised.</u>
<u>If any details are missing, the form will be returned and payment therefore delayed.</u>

| | Particulars of Journeys | | | | Miles | Dependen | t Carers | Fares and | other | Subsiste | ence |
|---------|--|-----------|--------|--------|---------|--------------|--|-----------|----------|---|--------------|
| Date | | Time of | | of | | Allow | ance | Expen | ses | Allowar | nce |
| | Description of Approved Duties including Locations (From & To) | Departure | Return | Travel | Claimed | £ | P | £ | p | £ | P |
| 15/2/51 | full Council thoras 7. H > Horre | \$.30 | 9.30 | CAR. | 6 | | | | | ļ | - |
| 21.2.5 | full Concil tone & T.H > Home. | 6.15 | 8.42 | CAR | 0 | | | | | | — |
| 22/25 | Planning Home & T.H> Home: | 1.15 | 5.15 | CAR | D | | | | | | <u> </u> |
| 28 2.0 | Planning Home & T.H. > Home. | 6.15 | 9.30 | CAR | 6 | | <u> </u> | | | | ऻ |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

| · · | | | | | · · · · · · · · · · · · · · · · · · · |
|--|--|--|---|--|--|
| Claim for Month of Mar | ch | 20 07 | Name of Member | - BYRNE | Pay No. |
| Car (Make/Model) Peu | geo 20 | 06 CC | Registration No. | | Exact Cubic Capacity(&cc. |
| Home Address 2 MAN | DR VILLAS, | MANUR GATE | ERD BOLTON, B | LZ 6PS. | |
| DECLARATION: (a) I declare that I have actually a Metropolitan Borough Council the rates determined by Bolton | il; that I have actual | ly paid the fares and made | ing and subsistence for the purpose other payments shown on this form | of enabling me to perfor ; and that the amounts c | m duties as a Member of the Bolton laimed are strictly in accordance with |
| I declare that the particulars i expenses or allowances, or fir | nserted on this form nancial loss allowan | n are correct. Except as show see or attendance allowance | vn, I have not made, and will not m in connection with the duties indica | ake, any claim under any ited on this form. | y enactment for travelling or subsistence |
| (b) I am the holder of a currer Signed | nt driving licence | and have adequate insur MEMBER | ance cover for the use of my vel | nicle on Council busin Date <u>ス 8 / 3 / (</u> | ess. (For Car Allowance claimants only) |
| | | FOR OFFICIAL | USE ONLY (Completed by Co | nmittee & Members Ser | vices) |
| | Amount £:p | | Miles | | |
| * Subsistence Allowance | : | Normal Milea | · ¤ 4 | Details in | put onto Payroll system: |
| Subsistence Allowance (Taxable) | : | | 80 | Ву: С | m. |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: | 19.4.07 |
| Dependent Carer's Allowance | : | | | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.

If any details are missing, the form will be returned and payment therefore delayed.

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| | Particulars of Journeys | | | Mode | Miles | Dependent | Carers | Fares and | l other | Subsiste | ence |
|-------------|--|---|-----------------|--------------|---------|---------------------------------------|-----------|------------|-----------|-------------|------|
| Date | Description of Approved Dutinicluding Locations (From & To) | Tin Departure | ne of Return | of Travel | Claimed | Allowa £ | ince n | Exper £ | rses P | Allowa £ | ance |
| -/3/07 | Health Overiew Scrutny. Hove > 74.7/10 | <u> </u> | | CAR | 6. | | P | | P | | |
| 5.3.07 | Planing. | 1.15 | 5 | CAR | 6 | | | | | | 1 |
| z- 3.60 | Childrens PDG. Work ST.H> Work. | 1.30 | 3.30 | SAR | 14 | | | | | | 1 |
| 3, 3, VT | Access to Council Sources Homes Tit home | | | CAR | J | | | | | | Ť |
| 2.307 | Planning followed by neeting with Carol James. Joint Health overview Prestioich Hosp. | 1.15. | [\] 5) | CAR | 6 | | | ***** | | | T |
| 7-3.07 | Joint Health overview Prestroich Hosp. | 9.15 | 71.30 | CAR | 16. | | | | | 1 | Ī |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

CRITCHLEY

BOLTON METROPOLITAN BURUUGH GUUNGIL

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MEMBERS ALLOWANCES CLAIM

| <u> </u> | | 1411111222 | | | |
|---|-----------------------|--|------------------------------|---|------------------------------|
| Claim for Month of | 2 | | | | Pay No. |
| Claim for Months of | | | Block capitals please) | Found Crabia Com | acity 1396cc |
| Car (Make/Model) HONDA | <u>CNIC</u> | | Registration No. | pitals please) First Cybic Conscient 1396 CC | |
| Home Address 24 | HIGHER | RIDINGS | BROMLEY (| loss. | |
| Metropolitan Borough Council, | that I have actually | bald the lates that have been 1 | | | |
| I declare that the particulars in | serted on this form a | re correct. Except as shown, I have | e not made, and will not mak | d on this form. | · · |
| expenses or allowances, or fina | incial loss allowance | or attendance allowance in conne | CROU MIRI TIS CRITES HOTCARE | | |
| | drving licence an | d have adequate insurance co MEMBER | ver for the use of my vehic | ole on Council business. (For Co | ar Allowance claimants only) |
| | | _ | | Date | |
| Approved | | | | | |
| | | FOR OFFICIAL USE C | NLY (Completed by Com | mittee & Members Services) | |
| | | | | • | |
| | Amount | | | | |
| | £:p | 13.67 | 184. | Details input onto Payroll | system: |
| * Subsistence Allowance | : | Normal Mileage | | | |
| Subsistence Allowance (Taxable) | : | | | By: CD | |
| Travel Reimbursement (e.g. Car Park, taxis) | : | | | Date: 318106 | |
| Dependent Carer's Allowance | : | | | | |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | | Particulars of Journeys | | | | Mode | Miles | Dependent | | Fares an Expe | I | Subsiste Allowa | |
|------------|-----------|---|--------------|-----------|--------|--------------|---------|-------------|--------------|------------------|--------------|--------------------|--------|
| | | Description of Approved Duties, | Esta III | Tim | | of Travel | Claimed | Allowa £ | ince P | £ | Р | £· | P |
| Date | | · 1 1 - I Home (From & Ta) | | Departure | Return | Haver | | | | | | | |
| IULUOLO HO | mo - LAN | including Establis (Florida 10) ICASTER HOUSE HOTE ST Objectives 20 Countities | L_LAUCA STEE | 0.0 | 1 -7 | 0442 | 84 | | | | | | |
| /sla | it wer | st Objectives 20 | <u> 5</u> | 9.30 | 4,50 | CATIZ | 0-1 | | 1 | | | | |
| (7) | caional | Committee | | | | | | | | | | | |
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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| | ROLION WILLIAM |
|---|--|
| 3 | VALANCES CLAIM |
| 工 | MEMBERS ALLOWANCES OF THE Pay No. |
| 3 | Name of Member NORMAN A CRITCHLE Pay No. 139Lcc. |
| | Block capitals pietssy |
| | |
| | Car (Make/Model) HONDA CIVIC BROWLEY CROSS |
| | A MANUEL PIDING PROPERTY OF THE PROPERTY OF TH |
| | A deliver as a Member of the Bolton |

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with Home Address____

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence

expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(For Car Allowance claimants only)

(b) I am the libiter of a curatific driving thence and have adequate insurance cover for the use of my vehicle on Council business. MEMBER

| Approved | | FOR OFFICIAL USE ONLY | (Completed by Committee | ee & Members Services) | |
|-------------------------|--------|-----------------------|--------------------------|--|-----------------|
| | , | | Miles | | |
| \ | Amount | | 134. | Details input onto Payroll system: | 500 |
| | £:p | Normal Mileage | | | BOLTON MBC |
| * Subsistence Allowance | • | Norman | | By: CM | |
| Subsistence Allowance | : | | | | 2 8 SEP 2006 |
| (Taxable) | | | | Date: 29.9.06 | 1 |
| Travel Reimbursement | : | | | | IPAYROLL CEOTIC |
| (e.g. Car Park, taxis) | | | | · | PAYROLL SECTION |
| Dependent Carer's | | | Ş., 1 | | |
| Allowance | : | 1 | | | E hours |
| Limo | | | | lace of employment, AND you are away for more th | an 5 nours. |

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.



| | | | Mode | Miles | Dependent C | | Fares and | | Subsiste | |
|---|-------------------|----------------|--------------|---------|--------------|----------|-----------|---|-------------|---|
| Particulars of Journeys | Time Departure | e of Return | of Travel | Claimed | Allowan £ | P | £ | р | £ | P |
| Description of Approved Duties, Date including Locations (From & To) | Departure | | | · | | 7 . | | | | - |
| SSOFT OF AGMA OBJECTIVES 2425 NORTH WEST, OBJECTIVES 2425 PORT 2004 FUND PROLES 2800-2006 | | 1.45 | CAE | 134 | , | <u> </u> | | | | |
| STEVETO PAL FUND FROM | 4.60 | 7.42 | - CONF | | | | <u> </u> | | | |
| CASTLE GLOEN DOLLAR | | | | | | | - | | | |
| RETURN TO BOLION | | | | | | | 2. | | | |
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| I was of Travelling & Subsistence from any other | er Authoritie | es or bodies | | | | - | , | | | |

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH. on the above dates and give particulars