DENNIS

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of	June to October	2006	Name of Member Cllr Carl Dennis (Block capitals please)	Pay No.	
Car (Make / Model)Citroe	n Picasso SX HDI		Registration No.	Exact Cubic Capacity1997cc.	
Home Address9 Eskdale G	rove Farnworth Bolto	on BL4 0QF			
DECLARATION: (a) I declare that I have actually Metropolitan Borough Counthe rates determined by Bolt	cil; that I have actually pa	aid the fares and made other <code>j</code>	d subsistence for the purpose of enabling me to payments shown on this form; and that the an	o perform duties as a Member of the Bolton counts claimed are strictly in accordance with	
I declare that the particulars expenses or allowances, or fi	inserted on this form are nancial loss allowance or	correct. Except as shown, I has attendance allowance in con	ave not made, and will not make, any claim ur nection with the duties indicated on this form.	·	
(b) I am the holder of a curre Signed	nt driving licence and	have adequate insurance o	cover for the use of my vehicle on Counci Date23 Oc	The state of the s	•
Approved			Date		
		FOR OFFICIAL USE	ONLY (Completed by Committee & Memi	pers Services)	
	Amount		Miles	•	
	£:p		132.		
* Subsistence Allowance	:	Normal Mileage	154. De	tails input onto Payroll system:	
Subsistence Allowance (Taxable)	:		Ву	: cm	
Travel Reimbursement (e.g. Car Park, taxis)	:		Da	te: 30.10.06	
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.

and the	Particulars of Journeys	Mode	Miles	Dependent Carers		Fares and other		Subsistence			
Date	Description of Approved Duties, .	Tim	e of	of		Allowa	nce	Expen		Allowar	
	including Locations (From & To)	Departure	Return	Travel	Claimed	£ p		£ p		£ p	
9/06/2006	Attend North West Home safety Council from home to Lancaster return	08:00	15:00	Car	96						╄-
9/10/2006	Attend North West Home safety Council from home to St Helelens return	08:30	14:00	Car	36						┡
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	au amounts received by way of Travelling & Subsistence from any other Auth	*** ** **			132						

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

HAMILTON



MEMBERS ALLOWANCES CLAIM

Claim for Month of APRIL	20	Ole Nam	e of Member 1A~	B HAHILTON Pay No.
Claim for Month of		(Block	capitals please)	Exact Cubic Capacity 1068 cc.
Car (Make/Model) 1<1A	PICANTO	Regi	stration No.	Exact Cubic Capacity 1008
Home Address 52, Wi	MBRIDGE.	DRIVE, BLACKROS		
DECLARATION: (a) I declare that I have actually an Metropolitan Borough Council; the rates determined by Bolton	d necessarily incurred that I have actually p Metropolitan Borougl	expenditure in travelling and subsisted the fares and made other payment of Council.	tence for the purpose of ts shown on this form; as	enabling me to perform duties as a Member of the Bolton and that the amounts claimed are strictly in accordance with se, any claim under any enactment for travelling or subsistence and on this form.
I declare that the particulars in	serted on this form are	e correct. Except as shown, I have not r attendance allowance in connection	with the duties indicate	ed on this form.
aumonog or allowances, or fina	ncial loss allowance o	1 ALLCHAMICO		
as a shahaldar of a current	driving licence and	have adequate insurance cover f	or the use of my vehic	die die en zum in die en z
(b). I am the holder of a current		MEMBER	I	Date 2914/2006
Signed		MEMBER		
Approved		-]	Date
Approved		FOR OFFICIAL USE ONL	V / Committed by Com	mittee & Members Services)
		FOR OFFICIAL USE ONL		,
	Amount		Miles	
A.V.	£:p	Normal Mileage	162	Details input onto Payroll system:
* Subsistence Allowance				
Subsistence Allowance (Taxable)			ļ	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.



			Mode	Miles	Dependent Carers		Fares and other Expenses		Subsistence Allowance		
	Particulars of Journeys	Tim	e of	of		Allowa		1 -	ses	£	р
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	Travel	Claimed	£	p i	£	P		<u> </u>
AMILO	- Holde	1330	1630	CAR	18		-				<u> </u>
3APLO6	EXECUTIVE - HOME - TOWNHALL - HOME AUDIT CONNITTE - HOME - TOWNHALL - HOME	0805	1015	CAR	18	<u> </u>					
05	TAXI SORUTINY PANEL - WELLHOTON YARD-TOWN HALL- HOYE	0920	1100	CAR	18	 	,				1
	HOUSING SCRUTINY HOME - TOWN HARL - HOME	0830	1200	CAIZ	[8	 			1		
06	CULTURAL BE - HOME - Town How - HOME	1300	1600	CAR	18						1
13	PLANNING - HOME - TOWN HALL - HOME	<u>08(D</u>	1630	CAR	18				 		
18	ENVIRONMENT POR HOME-TOWN HOM- HOME?	0810	1130	CAR	18-						
19	COUNCIL HOME - TOWN HALL - HOHE	1730	2230	CAN	18			,		1	
25	AUDIT COMMITTER HOME-TOWNHAU- HOME	0505	0920	CARZ	18			*			
		<u> </u>	 		 						
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<u></u>	Travelling & Subsistence from any other Au	thorities or b	odies		162						

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

MEMBERS ALLOWANCES CLAIM

* 3 4			Name of Member//	m 13	HAMICTON	<u>/</u> 1	Pay No.	<u> </u>
Claim for Month of MAY	20 <u>/</u>	<u> </u>	(Block capitals please)			_	l ser en s	
Car (Make/Model) KIA	PICANTO		Registration No.		<u>Exact</u> Cu	ibic Capacity _	<u> 1086 </u>	
Home Address S2, LYM	BRIDGE DR	WE BLACKER	D BOCTON	/				
DECLARATION: (a) I declare that I have actually an Metropolitan Borough Council; the rates determined by Bolton I declare that the particulars in expenses or allowances, or final	Metropolitan Borough	Council.	ave not made, and will not m	iake, any claim u	ınder any enactment			
(b) I am the holder of a carrient	driving licence and l	nave adequate insurance	cover for the use of my ve	hicle on Counc	cil business.	(For Car Allow	wance claimants on	ly)
Approved				Date				
		FOR OFFICIAL USE	ONLY (Completed by Co	ommittee & Men	nbers Services)			
	Amount		Miles					
	£:p		100		Details input onto	Payroll system	a:	
* Subsistence Allowance	:	Normal Mileage			30 000 34-F 44-			•
Subsistence Allowance (Taxable)	:		The second second	F	Ву:			
Travel Reimbursement (e.g. Car Park, taxis)	:			I	Date:			
Dependent Carer's Allowance	:			1		,		

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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		Mode	Miles	Dependent Carers		Fares and other		Subsistence Allowance			
	Particulars of Journeys	Tim	e of	of		Allowa	nce	Expen		Allowa £	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	Travel	Claimed	£	p i	£	P	£	P_
C 11 310		1410	1635	CAR	18		_		-	<u>.</u>	+-
SMAY	LEADERS AND WHIPS MTG- OFFICIERS	0805	1200	CAR	18		<u> </u>				+
GMAY	PLANNING VISITS	1000	1400	CAR	18		<u> </u>	 			
17 MM	ANNUAL MEETING OF COUNCIL	0805	1630	CA2	18		<u> </u>	<u> </u>	<u> </u>		
18 MIN	PLANNING ANNUAL MEETING OF COUNCIL - APPOINTHENS	1705	1930	CAR	18		ļ				+
Zif MM	Annual MERTING DI-COURSE - AMOUNTED										
							<u> </u>	<u> </u>			-
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	of Travelling & Subsistence from any other Au				90						

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

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MEMBERS ALLOWANCES CLAIM

			11.	- 7	T - NTo
W M T	20	Na Na	me of Member 1/41	1B HAMILTON	Pay No.
Claim for Month of June		(Blo	ck capitals please)		ubic Capacity <u>1068</u> cc.
Car (Make/Model) / [/	- PICAY		gistration No.	<u>Exact</u> C	abic Capacity 1003
Home Address 52 1	YMBULINE.	DRIVE BACK			
the rates determined by Bolton I declare that the particulars in	Metropolitan Boroug serted on this form as notal loss allowance		ot made, and will not mak on with the duties indicate r for the use of my vehic	e, any claim under any enactmer d on this form. Lie on Council business.	nt for travelling or subsistence (For Car Allowance claimants only)
(b) I am the holder of a cuttern	7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MEMBER		Date 30 6/2006	
Signed				-	
Ammovie				Date	
Approved			7.11	witten Ca Mambare Services	
		FOR OFFICIAL USE ON	ILY (Completed by Com	miliee & iviembers berstead ;	
1	Amount		Miles		
	£:p		2/11	Details input onto	Payroll system:
* Subsistence Allowance	:	Normal Mileage	264	Details input one	, rayron system
Subsiștence Allowance (Taxable)	:			Ву:	
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:	
Dependent Carer's Allowance	:]	l	

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 Description of Approved Duties,	Ţime	e of	Mode of	Miles	Depender Allow		Fares an Expe		Subsiste Allowa £	
Date ONE	including Locations (From & To)	Departure	Return	Travel	Claimed		<u> </u>				
	PLANNING.	0500	1700	CAR		<u></u>	+				
	LERO	1300	1600		18	 			`		
06	ADULT SERVICER PDG MILLS SCRUTINY PANEL	1330	1615	1	18	 					
12	MILLS SCRITINY PANEL	1/30	1330			-		<u> </u>			
13	11-2	OSOD	1030	-	18						
	and a moderal brodens	1400	1630		16	7					
14	MANEHIESTAN UNIVERSITY CENERALASSEN	Cy 1330	1630		150	- }		e la constante de la constante			
19	EUNTURE	0815	1115		18	on the William					
20	FINANCE BRIEFING	1630	1815		18		THE PERSON NAMED IN	oth solding	The same of the sa		
21	ENVIRONMENT SCRUTINY	1600	1900		18			 			
27	HEALTH SONT/AUDIT/LEAC	08.30	1630								
28	AUDIT TRAINING	1600	8-30	l.	18						
29	PLANNING	1700	1900		18						
30	COUNCIL	1600	1900		18						
				_		_					
				_+		_	_	_			
<u></u>								_			
	(Travelling & Subsistence from any other Au		11		126	4					

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

BOLTON METROPOLITAN BURUUGH CUUNGIL

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MEMBERS ALLOWANCES CLAIM

	Y 20	<u>o</u> 6	Name of Member	NB HAMILTON	Pay No
Claim for Month of			(Block capitals please)		apacity <u>1086</u> cc.
Car (Make/Model) KIA	PICANT	<u> </u>	Registration No.		apacity <u>1949 </u>
Home Address 52, LYM	BRIDGE DI	CIVE BLACIENOS	BOUTON BLG	.575	
DECLARATION: (a) I declare that I have actually and Metropolitan Borough Council;	d necessarily incurred that I have actually p Metropolitan Boroug serted on this form ar ncial loss allowance o	l'expenditure in travelling and aid the fares and made other pand to council. e correct. Except as shown, I have attendance allowance in constitute in the constitute of the	subsistence for the purpose ayments shown on this form we not made, and will not mection with the duties indicators for the use of my versions.	of enabling me to perform duties as a Mem; and that the amounts claimed are strictly ake, any claim under any enactment for tracted on this form. hicle on Council business. (For Date 1/8/2006	
	₩. v	FOR OFFICIAL USE	ONLY (Completed by Co	ommittee & Members Services)	
1	t l		Miles	1	
Ì	Amount		716		
1	£:p	Normal Mileage	210.	Details input onto Payro	ll system:
* Subsistence Allowance	:				•
Subsistence Allowance	:			By: <i>Ces</i>	·
(Taxable)				Date: 3/8/06	
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.



-	Particulars of Journeys			Mode	Miles	Dependen Allow		Fares and Exper	I	Subsiste Allowa	
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	£	p p	£	p	£	I
14L7		0930	1200	CAR	18					a a	1
	ADULT SCRUTINY	1715	1930	<u> </u>	18	<u> </u>	 				1
;	CULTURE NZ	0830	1100		18						Ī
2	ENVIRMIENTA SERVICES SCRUTINY	1715	1945		18						
2_	HUMAN RESOURCES ASK	0900	1130		18						
7	CULTURE + MILLS STRATERY	0830	1330		18						_
8	LERC	1300	2030		18						_
19	COUNCIL	1200	1700		18					\	+
20 _	PLANNING COM	1130	1315		18	٥.,			100 m		\dashv
24_	VOLUNTARY SECTOR GRANTS EXEC M BRIEFING	1230	1700		18	A CONTRACTOR				<u> </u>	$\frac{1}{1}$
27	DENER + RECEN POG (DEP. LONSON)	1345	1615		18				10,000	<u> </u>	1
31	DENISE + RESULTED TO THE PROPERTY OF THE PROPE										1
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				+							
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	and the received by way of Travelling & Subsistence from any other Ar				216	7					

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

MEMBERS ALLOWANCES CLAIM

		TVILIVIDE		<u> </u>	
Claim for Month of AUGUST Car (Make/Model) K/A	licanto	006	Name of Member 1. 1/3 (Block capitals please) Registration No.		rubic Capacity 1082 cc.
Home Address 52, LYM	BRIDGE DRI	IE BLAGGED ROC	70m BLG 573		
DECLARATION: (a) I declare that I have actually and Metropolitan Borough Council; the rates determined by Bolton. I declare that the particulars insexpenses or allowances, or final. (b) I am the holder of a current.	Metropolitan Boroug serted on this form as notal loss allowance	h Council. e correct. Except as shown, I h or attendance allowance in con	ave not made, and will not ma mection with the duties indica	ike, any claim under any enactmented on this form. Sicle on Council business.	
Signed		MEMBER		Date	
Approved				Date	
		FOR OFFICIAL USE	EONLY (Completed by Con	mmittee & Members Services)	
1	Amount		Miles		
	£:p		158.		DII overhoom
* Subsistence Allowance	- · · ·	Normal Mileage	100	Details input ont	o Payron system.
Subsistence Allowance (Taxable)	:			By: CM	
Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 31.8.	P6.
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.





				Mode	Miles	Dependen		Fares and	1	Subsiste Allowa	
	Particulars of Journeys	Tim	ie of	of		Allow		Exper £	ses P	£	р
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	Travel	Claimed	£	p i		<u> </u>		
AUGUST		OSAST	iloon_	CARR	18-	<u> </u>	<u> </u>	<u> </u>			
ion	MEAKAKSKATANIL	1130	1400	can	18						+
07	MILLS STRATEGY	1730	1630	can	18-		<u> </u>	 	<u> </u>		┼─-
08	WRAP / RESYCUME PDG	1645	1845	CAR	18:			<u> </u>	<u> </u>		-
09	Member only meeting - Forum	1043	1300	CAR	32_				ļ		
R	Member only meeting - Forum Bolton Salford Trafford Mental Healt Trust - heshorich Adult Services Boo Adult Services Boo Adult Services Sciriting	0916		CARL	18:						-
16	Adullsennes Culture	0915	1115		18						
16	Environmental Services Scorting	1710	1930	can	1/8		Action in the second				
18	A) Of Senries PDG	0910	1130	CARL							
	11 At Server Scrating	1700	1930	CAR	18	l x	CO GEA AN			1	
22	Hall Hall					 			 /		
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

ROLLON METHOLOFIUM

MEMBERS ALLOWANCES CLAIM

		MEMIDI	MO MEDO				
Claim for Month of SEMT	FMBER 21	06	Name of Men (Block capitals plea Registration l	se)	B HAMILION Exact	Pa	y No
Home Address 52, LYMB	ZIDGE DIEIVE	RIACKADD, 130 CTON	BLG STJ				
DECLARATION: (a) I declare that I have actually and Metropolitan Borough Council; the rates determined by Bolton. I declare that the particulars insexpenses or allowances, or final (b) I am the holder of a current. Signed Approved	Metropolitan Boroug serted on this form as	th Council. The correct. Except as shown, I have attendance allowance in conditional distribution of the council. The correct Except as shown, I have correct as shown, I have a correct as a shown and I have a correct as a shown	nave not made, and nection with the concept for the use	I will not make, luties indicated e of my vehicl E	any claim under any enactment on this form. The on Council business. The state 27/9/20 The 28/9/06	ent for travelling or s (For Car Allowa	
		FOR OFFICIAL USE	E ONLY (Comp	oleted by Comr	nittee & Members Services)		
	Amount £:p			Miles 26.		to Payroll system:	ROLES
* Subsistence Allowance	:	Normal Mileage			n 011		JOLION MBC
Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	:			,	Ву: СМ Date: 29.9	.06	BOLTON MBC 2 8 SEP 2006 PAYROLL SECTION
Dependent Carer's	:						TEL SECTION/

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.

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



Self.			Date .
		100	P HPA
200	200 YEAR	-	8

				Mode	Miles	Dependent		Fares an	1	Subsist	
Date	Particulars of Journeys Description of Approved Duties,	Tim Departure	e of Return	of Travel	Claimed	Allowa £	nce P	Expe £	nses p	£	р
	including Locations (From & To)	O800	1030	CAR	18					. <u></u>	-
19/06	HEALTH SCRUTINY DUERIEW	1530	1730	CAR	18		<u> </u>				-
19/9/06	MEMRERS ONLY, TWO TOWNS PORNY	0915	1100	an.	18		<u> </u>	 			-
20/9/06	AUDIT COMMITTE LERC THAINING	0910	1130	CAN	18		<u> </u>				-
22906	CULTURE ADULTS ENVERS EXTER	0810	1030	CAR	18						
25 9 06	INFOLMEN ENVIRONMENTAL SERVICES	1620	1815	can	18			1			
27/9/0		1620	1950	can	15		es traparent				-
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	the contravelling & Subsistence from any				126	,					

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

MEMBERS ALLOWANCES CLAIM

		MEMIDE	RO 21BLO		
Claim for Month of OCTOB		93_	Name of Member [A] (Block capitals please) Registration No.		ic Capacity 1084cc.
Home Address 52, Ly	HRRING DRI	VE BLACKROS	BOGON BLGS		
the rates determined by Bolton. I declare that the particulars ins	Metropolitan Borough serted on this form are notal loss allowance or	Council. correct. Except as shown, I ha attendance allowance in con-	we not made, and will not ma nection with the duties indicat	ke, any claim under any enactment for ted on this form.	or travelling or subsistence
(b) I am the holder of a current Signed	driving licence and	have adequate insurance o	cover for the use of my veh	Date	(For Car Allowance claimants only)
Approved	•				
	•	FOR OFFICIAL USE	ONLY (Completed by Con	mmittee & Members Services)	
	Amount £:p		Miles 264	Details input onto P	ayroll system:
* Subsistence Allowance Subsistence Allowance	:	Normal Mileage		By: CM	
(Taxable) Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 1.11.00	ig.
Dependent Carer's	:				

Notes:

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·	Particulars of Journeys			Mode of	Miles	Dependent		Fares and Exper	1	Sübsistence Allowance
Date	Description of Approved Duties,	Tim Departure	e of Return	Travel	Claimed	£	p	£	P P	£ P_
CTOBER	including Locations (From & To)	1315	1600	CARL	18					
3	MICENCING CHIEF	1200	(700	on	18.		<u> </u>		<u> </u>	
5	PLANNING (DENUT B. RONSON)		1230	cAn	18.					
10	culture lik	1015		an	18					
10	ADULT SERVICES FOR SCRUTINY	1720	2000	 	18					
11	ENVIRONTAL SERVICES SCRUTINY	1715	1930	can	12					
	CANON SCADE TRUSTERS	1300	1500	CAR				 		
12	2 TOWNS RONN CHAIR VICE CHAIR	1710	1940	an	18				14.	
16	VOLUNTARY SECTON GRANTS	0930	1100	CAR	18	<u> </u>		 	-1/4-1	
17	VOLUNIATION SIZE CONTRA MITO	1520	1730	am	18			and the same of th		
17	TWO TOWNS NEMBERS ONLY MTG	0930	1100	CAR	16				* .	
18	HACKNEY CARRIFER CONSULTATIVE	0830	1100	CAR	18	<u> </u>				
23	CULTURE EXBRANCE HTG	1315	1630	CAR	18				_	
24	LICENSING		2130	CAR	18					
25	COUNCIL	(700)		CAR	(8-				<u> </u>	
31	ADULT SEAWORS PDG	0905	1145		18					
	RECYCLING PDG ENVIRONT	1450	1830	am	10	+		1		
31	7CO-CCV-				_	_		_		
						_			_	+
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	of Travelling & Subsistence from any oth	er Authorities or l	odies		~ 60	1			<u>i</u>	

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

MEMBERS ALLOWANCES CLAIM

Claim for Month of NOVEHERN 2006 Name of Member (Block capitules please) Registration No. Exact Cubic Capacity 1086 cc. Home Address 52 LYHBLUKE DRIVE BACKLOS Registration No. Exact Cubic Capacity 1086 cc. Home Address 62 LYHBLUKE DRIVE BACKLOS BECLARATION: (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 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 license and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date 26 New C6 Approved * Subsistence Allowance * Subsistence Allow	7	•	MEMBERS ALLOW	VANCES CLAII	Λ1 ·		
Car (Make / Model)					The state of the s	Pav No.	
Home Address			(Block capitals pl	lease)	Exact C	_ ,	
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 Bolioni 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 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 license and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date Date Date Members Services Miles * Subsistence Allowance * Subsistence Allowance Details input onto Payroll system:	Car (Make/Model) K/A	PICANTO	-				
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 Botton's 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 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 license and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date Date Date Details input onto Payroll system: * Subsistence Allowance * Subsistence Allowance * Subsistence Allowance Details input onto Payroll system:	Home Address 52	YMBRIDGE DRIVE	E. BLACKNOD				
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 of 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 license and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date Date Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) * Subsistence Allowance	DECLARATION: (a) I declare that I have actually and	l necessarily incurred expend that I have actually paid the f	iture in travelling and subsistence for ares and made other payments shown				
I declare that the particulars inserted on this form are correct. Except as shown, I have left made and the duties indicated on this form. expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (For Car Allowance claimants only) For Car Allowance claimants only	the rates determined by Bolton.	Metrobourm: paraB	بمبدئت بالم	nd will not make, any	v claim under any enactmer	t for travelling or subsistence	
expenses or allowances, or manual loss and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) MEMBER Date	I doclare that the particulars ins	erted on this form are correct.	Except as shown, I have not made, a	e 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 venicle on Committee on Committee Signed						(For Car Allowance claimants only)	
Approved Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles * Subsistence Allowance * Subsistence Allowance Normal Mileage Date Miles 336 Details input onto Payroll system:	-	1 in a license and have a	dequate insurance cover for the v	ise of my venicle of	I Council Dubiness.	(10) CM 21000	
Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) * Subsistence Allowance : Normal Mileage Date Miles 336. Details input onto Payroll system:	(b) I am the holder of a current	driving heater and		Date	30 NOV 06		
Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles # Subsistence Allowance : Normal Mileage Normal Mileage	Signed		MEMBER				
FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles # Subsistence Allowance : Normal Mileage Normal Mileage	Signed			Date			
Amount £:p Normal Mileage * Subsistence Allowance * Subsistence Allowance Details input onto Payroll system:	Approved						
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	Subsistence Allowance	:			By: CM		
(Taxable)	• 1		ļ		1 25	Ct-	
Travel Reimbursement : Date:		:			Date: 1.12	, 20	
(e.g. Car Park, taxis)	(e.g. Car Park, taxis)						
Dependent Carer's							
Allowance		: !		7			

* 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	Dependen Allow		Fares ar Expe	nd other enses	Subsiste: Aliowai	
Date	Description of Approved Duties,	Tim Departure	e of Return	of Travel	Claimed	£	P	£	p	£	P
VEMBEL	2 including Locations (From & To)	O 830	1130	CAM	18		<u> </u>				╀
01	CVS VISIT - Procon		1600	CAR	30						╄
03	RED ROSE FOREST BURNISMEETING - SALEAN OWAYS	1230 1600 0552		CAN	18						Ļ
16	INFORME COUNCE HOME-BOXON 14.		1800	CAR	18						_
7	SCRUTINY - HEARTH HOME - T.H.	0815	1130		18	 					_
יר רי	BUDGET MEETING DIRECTUR ADVITIENTOUS 1-14.	1515	1645	CAN	18						
18	HACIONEY CAMMINES CONSULTATIVE T.II.	1236	1530	CAR		-	1				
	PLANNING TRAINING -T.H.	1115	1400	can	18		<u> </u>				Ī
29	ADOLTS SERVICES / CULTURE T.H.	1000	1230	cm	AS				_		
3	the Down Gody Ashfres						_				T
Ner .	VISIT OCTAGON MECHEF EXEC DEAT.	0915	1200	CAR	18-						Ť
15	STANDARDS COMMITTE T.U.	1530	1645	CAR	18	<u> </u>	_				十
15	ADVITISANCES/CULTURE GLOCAL	0830	1045	CAR	18					1	1
21		1370	1600	cm	18						+
21	LERC - TH.	0915	1500	CARL	18		<u> </u>				1
23	VISIT BREC CASTLE HELL TRAINLINE	1315	1630	can	18			_			\dashv
27	PLANNING -TI	095	1130	can	18		_	_			
28_	ADULT SARVERS POG -TH	1600	1830	CARL	18_			_			
29	ENVIRONMENT SERVET -TH	0915	1215	can	18						
29	LEAR - HAVER WEAVER HAUS T. H.		1600	can	8						
30	RCANNING - TA	<u>0830</u>	1000								
				L	70	j					
	6 Travelling & Subsistence from any other	Authorities or h	odies		33	0	<u> </u>				

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

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MEMBERS ALLOWANCES CLAIM

Claim for Month of DELE	PICANTO	(Block	e of Member 1AN T capitals please) stration No.		Pay No1 apacity_ <u>1086</u> cc.	7
Home Address S2, YMBA DECLARATION: (a) I declare that I have actually and I declare that I have actually	l necessarily incurred exp that I have actually paid th	enditure in travelling and subsis ne fares and made other paymer				
I declare that the particulars ins expenses or allowances, or final (b) I am the holder of a current	erted on this form are corn	ect. Except as shown, I have not indance allowance in connection	made, and will not make, ar with the duties indicated or for the use of my vehicle o	ny claim under any enactment for tra n this form.	avelling or subsistence Car Allowance claimants or	ıly)
Approved	FC	OR OFFICIAL USE ONI	Y (Completed by Commit	tee & Members Services)		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount	Normal Mileage	Miles	Details input onto Payro By: CM Date: 3.1.07	oll 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.

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

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MOUTH TO CUARAUTEE PAYMENT

on the above dates and give particulars

O,	b ·Ei	Z								-0 <i>a</i> to entiti	y amounts received by way of Travelling & Subsistence from any other Autho	Deduct any				
9		b	0	OI		1	OZ	•	aait	ood to setting	outing route many arminist to the many arministration and the many arministration arministration and the many arministration and the many arministration arministration arministration and the many arministration arministratio					
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			ď	Э	đ	3	bəmisD	Travel	Кептп	Departure	Description of Approved Duties, (oT % moraling Locations (From & To	Date				
	Помапсе	A		Expen	L	nswollA	COLLEGE	aboM io	jo ë	amiT	Particulars of Journeys					
	apuəlsisqi	าร ไ	rs/tho.	Fares and	STOTE	Dependent C	Miles	J PONT	shoW							

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BOLTON METROPOLITAN BURUUGH COUNCIL

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MEMBERS ALLOWANCES CLAIM

		141711177					
Claim for Month of)ARY 20	07	Name of Member (Block capitals please)	1AW 13		Pay NoC	C.
Car (Make/Model) 1	PICANTO		Registration No.¶		<u>Exact</u> Cubic	Capacity <u>1259</u>	
Home Address 52, LYMBA			<u>.</u>				
DECLARATION: (a) I declare that I have actually ar Metropolitan Borough Council the rates determined by Bolton I declare that the particulars in expenses or allowances, or finately in the holder of a current Signed Approved	; that I have actually p Metropolitan Borough serted on this form are ancial loss allowance o	n Council. correct. Except as shown, I har r attendance allowance in con	ave not made, and will r	not make, any claim ndicated on this fo y vehicle on Cou Date 2	n under any enactment for rm.		only)
		FOR OFFICIAL USE	ONLY (Completed)	by Committee & N	1embers Services)		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's	Amount £ : p : :	Normal Mileage	Mile		Details input onto Pay By: CM Date: 1.2.	roll system:	
Allowance	1		•			•	

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.



				Mode	Miles	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Particulars of Journeys Description of Approved Duties,	Time of Departure Return		of Travel	Claimed	£ P		£	P	£	p
ANUARY	including Locations (From & To)	0830	1030	CATL	18						╁
09	ADULT SERV POE	(330	(800)	(18						+
29-	LEAC WASTE MO	0915	1215	н	18		 				+
12-	HEALTH SCRUTING	0830	1115	1	18	<u> </u>		<u> </u>			
16 17	this property of SUBFINE	0430	1600	N	18			1			
	LEAC HEAVING / PLANNING TRAINING	08-30	1500	1	18	 					
18 23	LAMBER DOC	1500	1700	 	18						_
25	PUANNING - SUBSTITUTE	1230	1600	 		1					_
43			<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 BURUUUN GUUNGIL MEMBERS ALLOWANCES CLAIM Name of Member 1AN HAMILTON Pay No. FEBRUARY Claim for Month of (Block capitals please) Exact Cubic Capacity 1086 Registration No. Car (Make/Model)_ LYMBRIDGE DAINE BLACICROD (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 Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles

	Amount		1.00	
	£:p		1120	Details input onto Payroll system:
* Subsistence Allowance	:	Normal Mileage		
Subsistence Allowance (Taxable)	:			By: CM
Travel Reimbursement (e.g. Car Park, taxis)				Date: 6.3.07.
Dependent Carer's				
Allowance	;		ı	

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 other Expenses	Subsistence Allowance		
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	Allowance £ P	£ P	£ p
FERMAN	CULTURE NIG HOME-THALL-HOME	Ø830	1130	CAN	18			
12		1600	1800	iAn	18			
13		1630	1830	CM	18			
15		1415	1700	cArc	18			
20	RESERVING POS.	ಲಚಿತ್ರ	संद्र्य	CAL	(8)			
26	CULTURE PRO	1300	1600	can	18			
27	LERC	1730	22i5	can	5-		-	
28	COUNCIL						-	
						<u> </u>		
-								
		-						
			<u> </u>					
	of Travelling & Subsistence from any other				1126			

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

BOLTON METROPOLITAN BURUUGH GUUNGIL

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MEMBERS ALLOWANCES CLAIM

10 11	MICION Pay No.
Claim for Month of MARCH / AMIL 2007 Name of Member 1Aov B HA	
Car (Make/Model) CIA PICANTO Registration No	Exact Cubic Capacity 1086 cc.
Home Address 52, LYMBRIDGE DRIVE BLACKRED BLG STS	
 DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to purpose o	der any enactment for travelling or subsistence business. (For Car Allowance claimants only)
Signed Date	
FOR OFFICIAL USE ONLY (Completed by Committee & Memb	ers Services)
* Subsistence Allowance Subsistence Allowance Subsistence Allowance (Taxable) * Miles 32. De 4 ISTAPLI By	etails input onto Payroll 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.



067	Particulars of Journeys	Tim	Time of		Miles	Dependen Allowa		Expenses		Subsiste Allowa	ance
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	of Travel	Claimed	£	P	£	p	£	
mcu	CANON SLADE TRUSTERS - CANON SLADE	1215	1500	CAR	15					<u>:</u>	+-
05	SOINT ADOLT SERVICES HOUSING PDG TOWN	Han 0830	1030	CAR							-
06	HEACH SOLUTIONY	H 0830	1130	con	<u>18</u>	<u> </u>					1
13	SUMENTINO PERONE INTESTIVE I		153	con	18 18						
15	ANDIT COMMITTEE 1 1		1130	CATL	18-						
16	LICENSING AMBAL SUB COMMITTEE TH		1150	CAN	18				<u> </u>		1
19	ADVLT SERVICES TH		1902	can	18				<u> </u>		\dashv
19	IENVIRONITIENTE SHARKES		1630	an	19 150	\					+
20 ·	N 121/2 C		1930	CAM	18	* **	4	4	<u> </u>		+
03	ADULT SCRUTINY / CHAIRS VERS CHAIRS POSCH TH		1200	CARL	18	 					-
05	PHANING TH	08 30	1630	can	18						1
10	WEAC TH	1315	1800	CAR	18						
i is	LICENCING APPEAR SUIS		1130	CAM	18-		_				
17	HEALTH OVERWIEW SOUT TH		1200	CAR	18						
23	INPROJUME CONNOIL "- CLIMATE CHANGES IT		1450	an	18-						
25	OCTHEON PRESENTATION YOURANG OCTHE		2130	CANL	18						
25	COUNCIL T.	17.		162	321						
											
					321						

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

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM Name of Member		יכון	OLIOIT		. == *		
Name of Member J. HIGSCW Registration No. Exact Cubic Capacity 2000 cc			MEMBER	S ALLOWANCES CL	AIM 		
ar (Make / Model) CITION CS Registration No				T.	HIGSON	Pay No	
ar (Make / Model) CITION CS Registration No. Exact Cubic Capacity South Completed by Completed				Name of Member	1 1 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Registration No. 1 Iome Address 1 CACCCC CS Registration No. 1 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 Hetropolitan Brough 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 trates determined by Bolton Metropolitan Brough 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) Date	TEB	20 <u></u>	3.7	Block capitals please)	Fyact C	Cubic Capacity 200_cc.	
ione Address CACACCO, 200 OCICC, GOLTAN ECLARATION: 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 Metropolitan Borough Council. 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. 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 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) MEMBER Date Date Payer Car Allowance Claimants only Miles FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles Details input onto Payroll system: By: Date: Type Car Allowance Claimants only Date: Date:	aim for Month of						
CACARATION: 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 Metropolitan Borough Council; 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) Signed	C: -17.C	15N. CS		Кершин			
CACARATION: 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 Metropolitan Borough Council; 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) Signed	r (Make/Model)			•			
Methopolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly actually made and sull not make, any claim under any enactment for travelling or subsistence. 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 and with the duties indicated on this form. Expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. Expenses or allowances, or financial loss allowance or attendance allowance cover for the use of my vehicle on Council business. For Car Allowance claimants only) MEMBER Date Portal Subsistence Allowance Subsistence Allowance (Travel Reimbursement) Population of Payroll system: By: Date: Date:				TON			
Metropolitan Borough Council; that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose. 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 and the travelling or subsistence. I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of	LACALA I CALA	<u>ves.2m</u>	1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5		1 11-0	as a Member of the Bolton	
Members determined by Bolton Metropolitan Borough Committee Report on this form are correct. Except as shown, I have not made, and will not make, any claim that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim that the particulars inserted on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim that the particulars inserted on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim that the particulars inserted on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim that the duties indicated on this form. For Car Allowance claimants only) MEMBER Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Date: Date:	ome Address			for the Durpose of	enabling me to perform duties	es strictly in accordance with	
Members determined by Bolton Metropolitan Borough Committee Report on this form are correct. Except as shown, I have not made, and will not make, any claim indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim indicated on this form. [For Car Allowance claimants only) Date	ECLARATION:	in curred e	xpenditure in travelling and s	subsistence for the p-1	nd that the amounts claimed a	e surcely and	
the rates determined by Bolton Metropolitan Borough Committee as determined by Bolton Metropolitan Members as determined by Bolton Members and Bolton Members and Bolton Members Signed Members Services Members Services Members Services Members Services Members Services By: * Subsistence Allowance : Normal Mileage By: Subsistence Allowance : Date: Travel Reimbursement : Date:	A I declare that I have actually and n	ecessarny memica o	d the fares and made other pa	yments shows	-	an ambeietence	
I declare that the particulars inserted on this form are correct. Except as shown, I have not make the duties indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not make the duties indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not make the duties indicated on this form. I declare that the particulars inserted on this form are correct. Except as shown, I have not not not part of the use of my vehicle on Council business. I declare that the particulars inserted on this form. I declare that the particulars inserted on this form. I declare that the particulars inserted on this form. I declare that the particulars inserted on this form. I declare that the particulars inserted on this form. I declare that the particulars inserted on this form. I declare that the particulars indicated on this form. I declare that the particulars indicated on this form. I declare that the particulars indicated on this form. I declare that the particulars indicated on this form. I declare that the particular indicated on this form. I declare that the particular indicated on this form. I declare that the particular indicated on this form. I declare that the duties indicated on this form. I declare that the particular indicated on this form. I declare that the particular indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this form. I declare that the duties indicated on this fo	Metroponum	A THE PROPERTY OF THE PARTY OF			a any ciaim under or y	ent for travelling or subsistence	
(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my venice o	the rates determined by Bolton Mo	Atobourar pozo-P	Everyt as shown, I ha	ve not made, and will not mak	e, any cisc.		
Subsistence Allowance Subsistence Allowance Subsistence Allowance Compared Com	that the particulars inser	ted on this form are o	correct, except us are	ection with the duties indicate	d on all	G Allorgance claimants only)	
Signed	I declare that the parties, or finance	ial loss allowance or	affermance and	- C vzehi	cle on Council business.	(For Car Automates said	
Approved	expenses of anothers	. 41	have adequate insurance o	over for the use or my verb	00/0/00		
Approved	Tam the holder of a current d	riving licence and	Have ward.		Date_25/2/0/		
Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) * Subsistence Allowance : Normal Mileage By: Subsistence Allowance (Taxable) : Date:	(b) Tant die		MEMBER				
FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) * Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles Details input onto Payroll system: By: Date:	Signed				Date		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Amount £:p Normal Mileage By: Date:				·	<u> </u>		•
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Amount £:p Normal Mileage By: Date:	Approved	ALTERNATION SERVICE		Completed by Com	nmittee & Members Services)		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Amount £:p Normal Mileage By: Date:			FOR OFFICIAL USE	ONLI (Company	,		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Normal Mileage By: Date:				Miles			
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement Normal Mileage By: Date:	1	Amount		1 1		onto Payroll system:	
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Subsistence Allowance (Taxable) Travel Reimbursement	1	. \	Normal Mileage				
Subsistence Allowance (Taxable) Travel Reimbursement	* Subsistence Allowance				By:	•	
(Taxable) Travel Reimbursement	Subsistence Allowance	:			1		
Travel Reimbursement				l'	Date:	·	
Havet	Trovel Reimbursement	:					
(e.g. Car Park, taxis)	(e.g. Car Park, taxis)					,	
(e.g. Cartains	e.g. Carer's			÷	. 1		
Dependent Carer's	Dependent Cm	:	1				

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.



		·			Miles	Dependent Carers Allowance		Fares and Exper		Subsiste Allowa £	
	Particulars of Journeys	Tim		Travel	Claimed	£	P				
	(A enroyed Duties,	Departure	Return	1101-		T		L	_}		
	Description of Approved including Locations (From & To)		7.00	Cor	-6	 		Ţ			
re \	including Locations (Atom	154.5		1	6_	`\					Ì
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	childrens home Vary	A 000	/ 	\top	6_					1	
التنديرُ	Cours 16. HM = T/Hare Achill- Scruting: H/A - T/Hall Childrens home Visit H/A - Traciessec A Childrens home Visit H/A - Traciessec A Occ RR Michelle MT. Wigan - Wiching - Wige Probledin PDG: H/A - T/Hall - H/A: Countl - H/A - T/Hall - H/A	1000	(230		6		1				
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 	ounts received by way of Travelling & Subsistence from any oth	ar Authoritie	s or bodies			Jack.					
1	Cabeistence from any oth	CT Transcen			•	•					

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.

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

- Car Members, XLS 05/04/2006

BOLTON METROPOLITAN BOROUGH COUNCIL

DAID.

MEMBERS ALLOWANCES CLAIM

425			
Claim for Month of	larcu 20	<u>7</u> د	Name of Member J. Hyson (4050w) Pay No. [Block capitals please)
Car (Make/Model)	troen C	5	Registration No. Exact Cubic Capacity 2000 cc.
Home Address / Co	aingom [r, Bolton	
DECLARATION:	•		
Metropolitan Borough Counci the rates determined by Bolton I declare that the particulars in	l; that I have actually pai n Metropolitan Borough (nserted on this form are c	I the fares and made other p Council. orrect. Except as shown, I ha	d subsistence for the purpose of enabling me to perform duties as a Member of the Bolton payments shown on this form; and that the amounts claimed are strictly in accordance with ave not made, and will not make, any claim under any enactment for travelling or subsistence nection with the duties indicated on this form.
(b) I am the holder of a curren	t driving licence and h	ave adequate insurance c	cover for the use of my vehicle on Council business. (For Car Allowance claimants only)
Signed		MEMBER	Date 31/3/07
Approved			Date
	F	OR OFFICIAL USE	ONLY (Completed by Committee & Members Services)
1	Amount		Miles
	£:p		
* Subsistence Allowance	:	Normal Mileage	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:		83 By: CM
Travel Reimbursement (e.g. Car Park, taxis)	:		Date: 4.6.07
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.



	Particulars of Journal				Miles		Dependent Carers Allowance		Fares and other Expenses		nce nce
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	£	р	£	P	£	<u>р</u>
@/7/02	N. R. F Presentation - HIA - THERE - 4/14	153 c	170 O	Car	6		<u> </u>				<u> </u>
11/3/01	Ing. Council MT - 4/4 - 7.44 - 4/19	1700	1830	1.	6		<u> </u>				
12/2/2/	Estate Impection - 4/4 - WIH THAK - 4/4	0530	1200	٠,	. 6		<u> </u>				
26/2/201	Bolton Witness Care - 4/A - TIHER - H/A	1000	1130	· e	6		<u> </u>	-			
22/2/2	Ha is (Ctio America) MT. H/A - THERE - H/A	1630	ļ.	11	6				<u> </u>		
27/2/27	Housing (Steve Amgield) MT. H/A-THER-H/A Area Forum. H/A - W/H - H/A	1830	2130	/+	6						<u> </u>
2/2/20	Surgery - 4/A - WIH TIHOLE - 14/A	1000	1130	**	6		<u> </u>				
31 3/01	Jungery - HI H	,				<u> </u>	<u>!</u>	ļ			<u> </u>
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			-								<u> </u>
		<u> </u>							<u> </u>		<u> </u>
	Travelling & Subsistence from any other Auth	amitian am ba	dies		42						

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

HOWARTH

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

	teri	20 06.	%.T	N/1	P HOWARTH.	Dar N.		P
Claim for Month of	((10.	20 00	Name of (Block capital	,		Pay No		<u> </u>
Car (Make/Model) 14/5	DAI G	572、	Registrat		Exac	t Cubic Capacity) <u>86 -</u> cc.	
DECLARATION: (a) I declare that I have actually Metropolitan Borough Cour the rates determined by Bolt	ncil; that I have ac	tually paid the fares and mad			of enabling me to perform dut n; and that the amounts claime			
I declare that the particulars expenses or allowances, or f					ake, any claim under any enac ated on this form.	ctment for travelling or sub	sistence .	
(b) I am the holder of a curry Signed Approved	ent driving licen	ice and have adequate inst	urance cover for th	e use of my ve	nicle on Council business. Date 1506. Date 2/5/06	(For Car Allowance c	laimants only)	
		FOR OFFICIAL	USE ONLY (🏻	mpleted by Com	mittee & Members Services)			
·	Amount			Miles				
,	£:p			~~			•	
* Subsistence Allowance	:	Normal Mile	eage	34.	. Details input or	ito Payroll system:		
Subsistence Allowance (Taxable)	:				Ву:			
Travel Reimbursement (e.g. Car Park, taxis)	· :				Date:			
Dependent Carer's Allowance	:					,		
Natae			<u> </u>					

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.

Total 32 miles

4460		Particulars of Journeys			Miles	Dependent Carers		Fares and other		Subsistence	
Date	Description of Approved Duties,	. I	e of	of		Allow	1	Exper	-	Allow	
	. including Locations (Fr	Departure	Return	Travel	Claimed	£	p	£	. P	£	
APPEIL.		9-30	13 ·CD		4						
٢ ′′	Sucremy / Environment But	1.30	Q-50		j						<u> </u>
<u> </u>	Bout Policy PLR'S	9-00	12-00		4		-				ļ.
11.	Exercise Markers & Structure Meet a	9-00	11-00		Ý						
ኔ	Ste Vists + Planning	8.30	4-30		ー						
9. n ``	Jule Bound	S. C.	10.30		7						
6"	Gerporato Perentia	3.00	430		٠ - ن		10.00				
7 n	Lote Usets Francia	8.30	500	·	4						
Z	Resource Pic		-								
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	And the second s		•	<u> </u>	32						
luct any	ct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies									1	i

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

LORD

MEMBERS ALLOWANCES CLAIM

		······································			LORD	77 3.7	
Claim for Month of	<u>ou</u>	20 06.	Name of Member (Block capitals please)	JAMES		Pay Not	
Car (Make/Model) FOR	D MON	50	Registration No.		Exact Cubic Ca	pacity 1989 cc.	
the rates determined by Bolto	il; that I have actually n Metropolitan Borot	y paid the fares and made offici	have not made, and will no	t make, any claim und		•	
(b) I am the holder of a current	nt driving licence a	nd have adequate insurance MEMBER	cover for the use of my	vehicle on Council 1 Date 3,7	,	ar Allowance claimants onl	y) .
Approved		-		Date			
		FOR OFFICIAL USE	ONLY (Completed by C	Committee & Member	s Services)		
·	Amount		Miles				
* Subsistence Allowance	£ : p	Normal Mileage	134	. Deta	ils input onto Payroll	system:	•
Subsistence Allowance (Taxable)	:			Ву:	•		
Travel Reimbursement (e.g. Car Park, taxis)	:			Date	:		·
Dependent Carer's Allowance	:					e	

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 of M						Dependent Carers		Fares and other		Subsistence Allowance	
Date	Description of Approved Duties,	Tim	e of	of	_	Allow		Expen £		£	р
MAY	including Locations (From & To)	Departure	Return	Travel	Claimed	£	<u>р</u>	Σ	p		1
22.	AREA FORUM MEMBERO MESTING	3.30			9_		<u> </u>				-
24	FULL COUNCIL MEETING		7.45	1	0		<u> </u>				-
ฮบัง-	AREA FORUM MEMBER 10. FREE MEELING	11.30	1.45	1		<u> </u>	<u> </u>				
6	LICENSING COMMISSE	1.15		T	9_		<u> </u>				+-
7	ADULTS P.D.G.		3-30	i	9		<u> </u>				
8	ADULTE PARTNERSHIP BOARD	· · · · · · · · · · · · · · · · · · ·	12 00	1	9						╁
12	AREM FORUM	6-15	-	1	4						
/3.	HEALTH ONER VIEW SCRULING		11-45		7			o Description			╁
/3	MEELING WENCRA HOUSE		1-30	1	8			29	<u> </u>		-
14	LIC. SUB. COMMITTEE		1.45		T			<u> </u>	<u> </u>	 	
14	LIC COMMINE AGENDA MESLING	i	5.15		9		<u> </u>	 	├ ─	 	
20	NZIGHBOURHOOD RONGLIAL STRATAGY	2 -36	4.00	ł.	9			 	<u> </u>		<u> </u>
2.6	HOUSING P.D.G.	12.17		1	 	-	<u> </u>	 	lacksquare		+
27	HEALTH OVERVIEW SCRUTINY	9.15		CAR				 	<u> </u>		+
27	LICENSING COMMINTEL	1.15		1 '	سد ا		_	<u> </u>	<u> </u>		$\dot{\parallel}$
28	PRESENTATION CAMPBELL LIOUSE	12.30	2-00	PAR	13	-		 	 		
		<u> </u>	<u> </u>						-	-	
							_	+	<u> </u>		
			<u> </u>			1		-	<u> </u>	+	-
)	<u> </u>								
	amounts received by way of Travelling & Subsistence from any other Auti	orities or h	ndies		134						

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

BOLTON METRUPULITAN BURUUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Combination					
Claim for Month of <u></u> ろいて	/AUC 2	00 6	Name of Member(Block capitals please)	JAMES LORD	Pay No.
Car (Make/Model)	R) MOI	<u>10</u> 20	Registration No.	<u>Exact</u> C	ubic Capacity 1988 cc.
the rates determined by Bolto	il; that I have actually n Metropolitan Borou nserted on this form a ancial loss allowance	paid the fares and made outer gh Council. re correct. Except as shown, I h or attendance allowance in con	ave not made, and will not nection with the duties indi	make, any claim under any enactm cated on this form:	
Approved	and the second s			Date	•
<u> </u>		FOR OFFICIAL USE	ONLY (Completed by Co	mmittee & Members Services)	
	Amount £:p		Miles		Demonstration 1
* Subsistence Allowance	:	Normal Mileage	1 4	Details input onto	rayron system:
Subsistence Allowance (Taxable)	:			B y:	
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.



	Particulars of Joanna Mode				Miles	Dependent Carers		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties,	Tim		of	a	Allowance £ p		£	מר	£	p
اسانكير	including Locations (From & To)	Departure	Return	Travel	Claimed	Ι	p i				1
A	angells Seruling Comm.	5.75	7.00		9		<u> </u>		<u> </u>		+
5	LIE. COMM ACENDA MESSING	12-06		C			<u>!</u>		<u> </u>	-	+
1/	LIC SUB COMMITTES	9.15	10-45		9	 	<u> </u>		<u> </u>	 	<u> </u>
17	NEIGHBOURHOOD PANEL MESHING	12-45	2-06		<u> </u>	 			<u> </u>	├──	<u> </u>
17	HOUSING P.D.C.	2-05	4-10		X		<u> </u>			<u> </u>	
18	LIR. ENVINOREN COMMINE	1-25	4.15	CAR	9	<u> </u>					+
19.	FULL COUNCIL	6-15	8-45		9	- #/CS		Market San			
27	FARNWORSH TOWN CENTRE MESLING	1.30	3,30	Τ				Total Control Control	No.	-	\dotplus
AUG	HEALTH SCRUTING CONTR	9.00	12-15	CAR	9	<u> </u>	<u> </u>		<u> </u>	 	+
	Lance Coape, Action A desired	4/100	des la se	400	****	 	<u> </u>	 	<u> </u>		┪
2.	NIIGHBOURHOOD MANAGEMENT	5.30	7.13		9		<u> </u>	<u> </u>	+-		-
7.	MILLS SCRUMINY PANEL	12-00			9	 	<u> </u>	-	 -		十
8	NEIGHBOURHOOD EAST PANEL	4,45			9	 		 		 	1
14	C. P. SCRUTINY PANEL	5.30	7-15	CAR	9	 		 		 	1
16	ENVIR. SERVICA SCRULING COMM	5.30		CAR	 	 		<u> </u>	-	 	1
21	LERC. MESTING WESTON HOUSE			CAR	+_{-	 	<u> </u>	┼──	<u> </u>	 	
22	M.O.M. ARZA FORUM	3.30		1	19	-		 		 	十
22	ADULU SCRUTING COMM.	<u>5.30</u>			+			+	<u> </u>	 	十
23	LIC. AGENDA MEELING	11-00	12-30	CAR	+7-	+		-	<u> </u>	 	1
			<u></u>	<u> </u>							
	amounts received by way of Travelling & Subsistence from any other Aut	horities or bo	ndies		147	1					

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

ROLION METKOLOFITAN BOYOGGII COGNOIF

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MEMBERS ALLOWANCES CLAIM

1						
	11 - 1	. /	Name of Member	AMES LOP	Pay No.	
Claim for Month of San	1/022	20 <u>එ යි</u>	(Block capitals please)		· · ·	
Car (Make/Model) FOR) Moni)=0	Registration No.	Exact	Cubic Capacity 1986 cc	•
the rates determined by Bolton I declare that the particulars in expenses or allowances, or fin	il; that I have actually n Metropolitan Borou nserted on this form a nancial loss allowance	y paid the fares and made outer agh Council. are correct. Except as shown, I h e or attendance allowance in con	ave not made, and will not ma nection with the duties indica	ike, any claim under any enac ted on this form.	es as a Member of the Bolton d are strictly in accordance with tment for travelling or subsistence (For Car Allowance claimants o	nly)
	nt driving licence as	nd have adequate insurance o	over for the use of my vers	Date 24_70.0	-	
Approved		-	1	Date		
		FOR OFFICIAL USE	ONLY (Completed by Com	nittee & Members Services)		
·	Amount		Miles			•
	$\mathfrak{L}:\mathfrak{p}$		157	D-1-11-1	to Payreall syretem:	•
* Subsistence Allowance	:	Normal Mileage		. Details input of	nto Payroll system:	
Subsistence Allowance (Taxable)	:		·	Ву: СМ		
Travel Reimbursement (e.g. Car Park, taxis)	:		·	Date: 261	0 06	
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.



	Particulars of Jev.	Mode	Miles	Dependent Carers		s Fares and other Expenses		Subsiste Allowa	1		
Date	Description of Approved Duties,	Time		of Travel	Claimed	Allowance £ p		Expen:	ses p	£	p_
SEPT	including Locations (From & To)	Departure	Return		Camieu		<u> </u>				
4 e	MEEGING WESON HOUSE/ RESTARGUREST	9-30	12.15	CAR			<u> </u>			 _	1
11	FARNLOANU/KENDILEY AREA FORUM	6. 12	8.45.		-4		<u> </u>				
19	RE-STARCLIERSE WESON HOUSE	10.15		· ·	9		 	<u> </u>		<u> </u>	
20	LIE COMM AGENDA MESTING	11.30	1-45	CAR			<u> </u>	 	<u>:</u>	ļ	+-
22	LIC COMM TRAINING SESSION	9.4	<u>12 00</u>		9				<u> </u>	<u> </u>	+
	INFORMAL COUNCIL MEETING	4.30	6:30	CAR	9		.4				
27	CAR PARKING P.D.C.	3.30	6-00		9			A CONTRACT STORY			+-
3.	LIC, EXV. COMMIKES MESMUG	145	4.30		9		e osto kojenskiji I		-	 	
9	AREA FORUM MEMBER, ONLY	3 .30	6.00				-	 	<u> </u>	<u> </u>	╬
10	ADULAS SCRUMINY PANEL		6.45		9	-	1.	 	 	 	╁──
11	MEETING RE. STARCLIFTE ST. ROOM 220	8 45	10.15		9		 	<u> </u>	 -	 	<u> </u>
11	LIC. AGENDA MEELING	11.30		CAR	9	ļ	╄	<u> </u>	-	 	┼
11.	ENVOR SERVICES SCRUTING COMM	5.30	7.30	CAR	9	<u> </u>	<u> </u>	 	╬	 	-
12	ADULT PART BOARD	9-30	11-45	CAR	9	<u> </u>		<u> </u>	<u> </u>	 	+
16	CHAIR & V/CHAIR AREA FORUM MEETING	5.30	7-15	CAR			<u> </u>	ļ	<u> </u>	 	
18	TAXI CONSULTATIVE COMMY	9-30	12.00	CAR	9		<u> </u>	 	-	 	┼
23	HOUSING POLICY DEN GROUP	12:30	3-00	CAR	9		-	-	<u> </u>		
24	LIC. EXVIR COMM. MELLING	1-30	4.00	CAR	9		<u> </u>	<u> </u>	<u>.</u>	 	
	La Control Control							<u> </u>	<u> </u>		-
<u> </u>									<u> </u>		
					157						
. .	y amounts received by way of Travelling & Subsistence from any other Aut	horities or bo	odies		() /	1					

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

RULIUN METKOLOFITAM DOVOGGIT GOGIGGE

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MEMBERS ALLOWANCES CLAIM

(<u></u>			
Claim for Month of	<u>t</u> 2	o <u>06</u>	Name of Member		Pay No.
Car (Make/Model) 5-0	RD FLOR	<u>5020</u>	Registration No.	Exact Cubic	Capacity 1988 cc.
Metropolitan Borough Counc the rates determined by Bolto	ril; that I have actually on Metropolitan Borou nserted on this form a nancial loss allowance	paid the fares and made other gh Council. re correct. Except as shown, I h or attendance allowance in cor	payments shown on this form have not made, and will not mannection with the duties indica		
(b) I am the holder of a current Signed	The curving incentee and	MEMBER		Date 20 12 56	
		FOR OFFICIAL USE	ONLY (Completed by Com	mittee & Members Services)	
i	Amount		Miles		
* Subsistence Allowance Subsistence Allowance (Taxable)	£:p : :	Normal Mileage	119.	Details input onto Payr	oll system:
Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's	:			Date: 3.1.07	
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.

The state of the s	and the same

<u> </u>	Particulars of					Dependent Carers Allowance		Fares and other Expenses		Subsiste Allowar	
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	£			Р	£	p
001	FARNWORTH YOWN CONING MESSING			CAR	4						
25	FULL COUNCILL	6.15			9						<u>!</u>
25	AREN FORUM	6.15		1 1	4		<u> </u>	<u> </u>		<u></u>	<u>!</u>
30	FINANCE DEPT. MESLING	8.30		1	9		<u> </u>		<u> </u>		
NOV	NEIGHBOURHOOD PANZL		2.15	CAR	4		<u>!</u>	<u> </u>	<u> </u>	<u> </u>	
7	HEALTH OVERVEIL SCRITINY	9.00	11-45	CAR	9		<u> </u>				<u> </u>
18	LIC. ACENDA MEZÍNE		2-45	1 :		<u> </u>	<u> </u>		<u> </u>	<u></u>	<u> </u>
\$	FARHWORDER TOWN HALL (STARGETTE ST.)	4.45	6,15	Can	4		<u> </u>	<u> </u>	<u> </u>		<u> </u>
14	HOUSING P.D.C	9.00	11.00	CAR	4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
27	LIC. ENVIR COMMITTEE	_{	3.30	T	9		<u> </u>	<u> </u>	<u> </u>		
150	HOUSERG P.1). 6		11.00		9			 	<u> </u>	 	
11	CHIEF EXEC. CANDIDATES MESTING		4.30		9	<u> </u>			<u> </u>	 	┼
12	LIC. ENVIR. COMMITTEE		4.00		9	<u> </u>	<u> </u>	 	<u> </u>	 	╁
13	Eux Councu		10.30		9		<u> </u>	 	<u> </u>	 	<u> </u>
18	NEIGHBOURHOOD PARIEL		2-15		 	ļ			<u> </u>	+	1
20	ARED FORUM MEMBER Masline	4.00	6.00	CAR	~7	 		_			1
				<u> </u>		<u> </u>	:	+	\dagger		\dagger
				_			<u> </u>	 	 	 	+
			<u> </u>		 			+			Ī
			<u> </u>								
	y amounts received by way of Travelling & Subsistence from any other Aut	horities or bo	odies		119						

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

BOLTON METROPOLITAN BOROUGH COUNCIL



MEMBERS ALLOWANCES CLAIM

		MICHAEL	MU ALLOWILL CLU		
Claim for Month ofC			Name of iviember (Block capitals please) Registration No.		Pay No
Car (Make/ Model) 1 91	<u>·) · (0/01) =</u>	<u> </u>	Kegistiation 140.		. ,
Home Address 22	INGFIEL	O CLOSE,	FAR NORTH		
Metropolitan Borough Counc the rates determined by Bolto	ril; that I have actually pa on Metropolitan Borough	aid the fares and made other pa a Council.	yments shown on this form;	f enabling me to perform duties as a Mer and that the amounts claimed are strictly	in accordance with
I declare that the particulars i expenses or allowances, or fi	nserted on this form are nancial loss allowance or	correct. Except as shown, I have attendance allowance in conne	e not made, and will not mai ection with the duties indicate	ke, any claim under any enactment for tr ed on this form.	avelling or subsistence
(b) I am the holder of a curre	nt driving licence and	have adequate insurance co	ver for the use of my veh	icle on Council business. (Fo	r Car Allowance claimants only)
- Contraction		MEMBER		Date 27 - 2 - 07	
Signed		MEMBER			
Approved		-		Date	
		FOR OFFICIAL USE O	ONLY (Completed by Com	nmittee & Members Services)	
	Amount		Miles	1	
	£:p		120		
* Subsistence Allowance		Normal Mileage		Details input onto Payro	oll system:
Subsistence Allowance	.	Ü		-	
(Taxable)				By: C✓	
Travel Reimbursement (e.g. Car Park, taxis)	:		,	Date: 22.3.07	
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.



<u>, , , , , , , , , , , , , , , , , , , </u>	The state of the s			Mode	Miles	Dependen	t Carers	Fares and	d other	Subsist	ence
	Particulars of Journeys Description of Approved Duties,	Tin	ne of	of		Allow		· Exper	nses	Allowa	ınce
Date	including Locations (From & To)	Departure	Return	Travel	Claimed	£	p	£	p	£	P
NAG R	HOUSING P.D.C	3.15	5.30	CAR	9,						
9	LIC. ENVIRONENT COMMITTE	1.15	3-30	CAR	9						<u> </u>
12	LIC, SUB, COMM, 11=ARING	9.15	1-00	CAR			<u> </u>	***	<u> </u>		<u> </u>
15	ARCA FORUM	6 5	9.00	CAR							
16	HEALTH OVERVIEW SORUTING	9.00	11.30	CAR	9		<u> </u>		1		ऻ—
23	NEIGHBOURNOOD EAST PANEL MEELING	5.30	7.45	T			<u> </u>	<u>.</u>	<u> </u>		┼
25	FARNWERTH MANAGENERAL BOARD)	5.45	8.15				<u> </u>		1		<u> </u>
29	NEIGHBOURHOON WEST PANEL		8-30		4		<u>:</u>				
30	LIC. ENVOR. COMMITTEE	1115	3-30		i						<u> </u>
7(1	INFORMAL COUNCIL	4.15		CAR	1 -	 					-
F=86	HEALTH SCRUTINY	9-00			I _			-	<u>:</u>		
7	ENVIR. S=RVICES SCRUMINY	5.15		T'''		<u> </u>			<u> </u>		
8	ADULTS SCRUTING	9 15	11:30	T	I	<u> </u>				<u>.</u>	┼
14	HACKNER CARRINGE PAREL	9.15	12.30	1	9		<u> </u>		<u> </u>		+-
19	NEIGHBOURHOON WIST PANEL		3.00				<u> </u>				$\dot{1}$
21	COUNCIL BUDGET MECTIME	1	8.45	1	1 ~		<u> </u>	<u> </u>			
27	LIC. ENVOR COMMITTEE	1-15	4-00	CAD	 		 				
							<u> </u>		-		
		ļ	<u> </u>				<u> </u>		<u> </u>		
											-
	amounts received by way of Travelling & Subsistence from any other Auth	orities or bo	dies		130	Mis					

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

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM -0R7 Pay No. Claim for Month of MARCH / APRIL 2007 Name of Member (Block capitals please) Exact Cubic Capacity 1988 cc. Car (Make/Model) FORT MONDED Registration No. FARNWORKH **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) Date 26.4.67 **MEMBER** Signed Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles			,
	£:p		1211			
* Subsistence Allowance	:	Normal Mileage	Pre 1st April		Details	input onto Payroli system:
Subsistence Allowance (Taxable)	:		89		Ву:	cm
Travel Reimbursement (e.g. Car Park, taxis)		·	Pose Ist Apri	L	Date:	3.5.07
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.



Particulars of Jones Time of						Dependent Carers Allowance		rs Fares and other Expenses		Subsiste Allowa	
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	£	p_	£	P	£	p
28	FULL COUNCIL	6.15	10.30	CAR	9		<u> </u>				<u> </u>
MARCH	FARNWORTH PRECINCY MELLING, SPA, RD		12-30		9_						<u> </u>
	HOUSING P.D.G ADVIT PD.6	8.30	12-00	RAN	9_		<u> </u>				lacksquare
<u></u>	FARNHOATH KENRILEY AREA TERUM	6.15	9.00	CAR	4_	·	<u> </u>			ļ	-
6	HEALTH SCRUTIME CONU	9-00	11-45	CAR	9		<u> </u>	<u> </u>			
12	HOUSING P.D.G	4.00	6-00	CAR	<u> </u>	<u> </u>	<u> </u>			 	<u> </u>
15	SIXTU FORM COLLEGE MELLING	9.30	11-30	CAR	9	<u> </u>	<u> </u>				-
/ \(\)	T-BRUWORTH HANAGENEWY BOARD	5185		CAR	4,		<u> </u>				<u> </u>
20	LIC, COMM MEGLING	1-15	3.52	CACL	<u>?</u>		-	<u> </u>			
26	LIC AGINDA MEELING	11-30	1.30		9_		<u>!</u>	<u> </u>			┼
28	HACKNEY CARRIAGE CON MESSING	9-15		CAR	3			-		<u> </u>	+-
APRIL3	CREA FORUM CHAIRS MESTING	4.00	6.30				<u> </u>				┼
4	ENVIRONMENTAL SCRUTING COMOL.	5.15	7.30		9_		<u> </u>			`	1
16	MESLING POLICE TOWN HALL	5.00	6.30	l .	9		<u> </u>			<u> </u>	<u> </u>
17	HEALTH SCRUTING COMM.	9.00	11-30	1	9			<u> </u>			
25	FULL COUNCIL	6.15	9.45	CAR	9_	F	<u> </u>				+-
		<u> </u>					<u> </u>		1	<u> </u>	+
		-					<u> </u>		1		╫
							<u> </u>	 	<u> </u>		
	1	<u> </u>	<u> </u>	<u> </u>			<u> </u>	 			+
<u> </u>	y amounts received by way of Travelling & Subsistence from any other Auth	amilian or bo	dies		134						

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

MORRIS

ORIO		мемве	RS ALLOWANCES CI	LAIM					
Claim for Month of MAT/		306	Name of Member (Block capitals please) Registration No. Exact Cubic Capacity 2 -cc.						
Car (Make/Model) 0- 8 h									
Home Address									
Metropolitan Borough Council, the rates determined by Bolton	Metropolitan Boroug	h Council.	and will not mak	enabling me to perform duties as a Member of the nd that the amounts claimed are strictly in accorda e, any claim under any enactment for travelling or d on this form.					
expenses or allowances, or fina	driving licence an	DI Propagation			oance claimants only)				
(b) I am the holder of a current		MEMBER		Date_8///00-					
Signed			The second second	Date					
Approved		_							
		FOR OFFICIAL USE	ONLY (Completed by Com	mittee & Members Services)					
1	Amount		Miles		•				
	$\mathcal{E}: \mathbf{p}$	13.67	726	Details input onto Payroll system	:				
* Subsistence Allowance	:	Normal Mileage	12301	_					
Subsistence Allowance (Taxable)	:			Ву:					
Travel Reimbursement (e.g. Car Park, taxis)	:			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.

Dependent Carer's <u>All</u>owance



Particulars of Journeys Time of Of Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Time of Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Expenses Allowance Find of Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys Allowance Operature Return To Claimed For Proceedings (Prom & To) Particulars of Journeys (Prom & To) Particulars		A Company of the Comp				Miles	Dependent Carers	Fares and	other	Subsister	rce
Description of Approved Dubes, including Locations (From & To) 23/5 ExEC BLEFINE. 9.30 12.30 10 24/5 HEALTH AND WELLBING 11:30 2.30 10 24/5 COUNCIL. 26/5 A.G.M.C. Oldan. 26/6 Reback VISION 21/6 Remalls from. 10/30 5.30 10 21/6 Remalls from. 10/30 12.30 10 21/7 Strandfor Count Jecuses 10/30 12.30 28/6 Plann. 21/7 Strandfor Count Jecuses 10/30 12.30 28/6 Plann.						Miles	_	Expen	ses		ce_
10 10 10 10 10 10 10 10 10 10 10 10 10 1			i ,		of	** laimed		£	Р	£	р
23/5 ExEC BRIEGING. 9.30 12.30 10 24/5 HEALTH AND WELLBING. 11.30 2.30 10 24/5 COUNCIL; 32/5 A.G.M.C. Oldan 9.30 12.00 14 20/6 Reback VISION 8.30 12.00 14 21/6 Remalls from 1.30 5.70 10 21/6 Remalls from 16.30 12.30 10 21/6 Remails from 10.30 12.30 10 21/6 Remails from 10.30 3.30 5.00 10 27/6 BRIEFING HORWICH LOCO, 3.30 5.00 10 29/ CORPORATI STAP P.96 847 32/1 AGMA Temped 1.30 430 10 21/7 Remails Grout Technology 5.30 7.30 10 21/7 AGMA Temped 1.30 3.30 28	Date	including Locations (From & To)	Departure								
24/5 HEALTH AND WELLS INC 10.39 4.30 10. 24/5. Council., 6.39 4.30 10. 26/5 A. G. M.C. Oldan: 9.30 12.00 14. 26/6 Rebark Visions 130 5.30 10. 21/6 Remails fun 10.30 12.30 10. 21/6 Remails fun 10.30 12.30 10. 21/6 Briefing Horwich Loco, 3.30 5.00 10. 27/6 Briefing Horwich Loco, 3.30 5.00 10. 28/ Corroration Horwich 10.0 10. 28/ Corroration Simp P. 96 1.30 3.30 10. 24/6 Plann: 1.30 4.30 10. 21/7 Scoulin Council Iscusor 5.30 7.30 10. 21/7 Airport Ach 1.30 3.30 2.00 10.			9.30	12.30				-			
24/5 HEBATH AND WELLS HOL. 24/5 COUNCIL; 24/5 COUNCIL; 36/5 A. b. M.C. Oldan; 37/6 Rebork VISION 21/6 Remails from. 1/30 5/30 10 21/6 Re M. B. Fronk; 24/6 Harring P.D.C. 27/6 BR. E. F. M. HORWICH LOCO, 3.30 5.00 10. 29/ CORPORATI STIP P.96. 3//6 Plann; 3//6 Plann; 3//7 Scowline Co. ogt. ISCOC. 3//7 Scowline Co. ogt. ISCOC. 3//7 AIR PORT ACM.	23/5	EXEC SKISPING	11:30	2.30		10_		 			
24/5. Convict. 26/6 A. 6 M.C. Oldam: 4.44. 2.30. 4.8. 26/6 Reburk Visions 9:30 1200 10 21/6 Republis from: 10:30 12:30 10 21/6 Remain P.D. 6. 7:30 12:00 10. 27/6 Briering Horwich Loco, 3:30 5:00 10. 29/ Corporati Strop P. 96. 1:30 3:30 10 38/6 A. 6 M. A. Tiemped 1:30 4:30 10 21/7 Semulian Compt. Toxases 5:30 7:30 10 21/7 Semulian Compt. Toxases 5:30 7:30 10 21/7 Alr Port A. 4.4. 1:30 3:30 2.9	24/5	HEALTH AND WOLLS INC.				10.					 -
26/5 A. 6 M. C. Oldan: 8.30 12 00 14 20/5 Reback VISION 8.30 12 00 10 21/6 Remails from: 1030 1230 10 22/6 AC MB Grows: 7.30 12 00 10 24/6 Hausing P.D. G. 7.30 12 00 10 25/6 BRIEFING HORWICH LOCO, 3.30 5.00 10 29/ CORPORATE STRO P. 96. 1.30 3.30 10 30/6 AG MA Townsol 1.30 4.30 10 21/6 Plans 1.30 4.30 10 31/7 Secondar Conopt. Tocasoc 5.30 7.20 10 13/7 AIR PORT ACM. 1.30 3.30 28		COUNCILI									
21/6 RCMB Growth 1030 1230 10 21/6 RCMB Growth 7.30 1200 10 21/6 Hawing P.D.C. 7.30 1200 10. 27/6 Brighth Horwich Loca, 3.30 6.00 10. 29/. Corporation STRD P.96 1.30 3.30. 10 31/6 Plannial 1.30 4.30 10 21/6 Plannial 1.30 4.30 10 31/7 Scrulin Compt. Iscaroc. 5.30 7.30 10 13/7 AIRPORT ACM. 1.30 3.30 28	7 1	A / Mc Oddan.									
21/6 RCMB Growth 1030 1230 10 21/6 RCMB Growth 7.30 1200 10 21/6 Having P.D.C. 7.30 1200 10 21/6 BRIGGING HORWICH LOCO, 3.30 5.00 10. 29/. CORPORATE STRD P.P.6. 1.30 3.30. 10 31/6 RGMA Timered 1.30 4.30 10 21/6 Plann 21/6 Plann 1/30 3.30 28 13/7 AIRPORT ACM. 1/30 3.30 28		7.611.00	80.30	1200		14	<u> </u>				
21/6 BCMB Growth 22/6 BCMB Growth 26/6 Hausing P.D.C. 27/6 BRIETING HORWICH LOCO, 3.30 S.NO 10. 29/6 CORPORATI STR P.J.6. 36/6 AGMA Trimsed 1-30 430 10 24/6 Plenni 24/6 Plenni 3/7 Scountin Co. out I SCUSSC 5.30 7.30 13/7 AIR PORT AGM. 1-30 3.30 28/ 13/7 AIR PORT AGM. 23/6	20/6		1.30	5.30		10			<u> </u>		┼
2:/6 Jansing P.D.C. 7.70 1200 10. 24/6. B.Z.E.F.ING HORWICH LOCO 1.30 3.30 C.00 10. 29/. CORPORATI STRO P.J.C. 1.30 3.30 10. 4.60 3.4/6 Planning 1.30 4.30 10 10 24/6 Planning 1.30 4.30 10 24/6 Planning Co. ort I CCCCOC 5.30 7.30 2.9 13/7 AIR PORT A C. 4 1.30 3.30 2.9 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36 2.36	31/6	agrands from.				10					
26/6 Hausing P.D.C. 27/6 Briefing Horwich Loco, 3.30 5.00 10. 29/ Corporation STAD P. 96. 30/6 AGMA Temper 1.30 4.30 10. 24/6 Planning 1.30 4.30 10. 3/7 Scruling Co. oft Iscard 1.30 3.30 28. 13/7 AIR PORT AGM.	35//	BGMB levans	7050			10	1	.≯c.,			<u> </u>
27/6 BRIEFING HORWICH LOCG, 3.30 S.20 29/ CORPORATE STRO P.96. 1.30 3.30. 10 38/6 AGMA Trimped 1.30 4.30 10 24/6 Planni 1.30 4.30 10 3/7 Scamba Co. oft I scaso 5.30 7.30 20 13/7 AIR PORT AGM. 1.30 3.30 28	3///	0.00		1200	 						
29/ CORPORATE STAD P.96 130 3:30 4:6. 3e/6 AGMA Ticonsel 1-30 4:30 10 24/6 Plany Co. oft Iscaso 5:30 7:30 10 13/7 AIRPORT AGM. 1-30 3:30 28 13/7 AIRPORT AGM. 236	26/6	/ 	3.30	5.00							
28/. CORPORATI SIR P. J. 4.6. 3e/6 AGMA Tiemsel 1.30 4.30 10 24/6 Planning Co. oft. I SCASA 5.30 7.30 10 13/7 AIR PORT AGM. 1.30 3.30 28 236		BRIEFING TICKETT	1.30	7.30	-						1
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24/6 Planning 3/7 Scandin Congt. I SCASSC. 5:30 7:30 10 13/7 AIR PORT AGY. 1-30 3:30 28 23/6	7/2	AGMA I consel		0.20	-			_			
3/7 Scrudge Co oft I scass 1-30 3-30 28 13/7 AIRPORT AGM. 236	7/1						1 -				<u> </u>
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

MEMBERS ALLOWANCES CLAIM

	•	, ITELTADE						
Claim for Month of	A	0.06	Name of Member(Block capitals please) Registration No.	Exact Cubic Capacity 2 - 0 cc.				
Home Address		-						
Motropolitan Borough Council	Metropolitan Borou serted on this form a	gh Council. are correct. Except as shown, I has or attendance allowance in contain have adequate insurance of MEMBER	ave not made, and will not ma nection with the duties indicat cover for the use of my veh	Date				
		FOR OFFICIAL USE	ONLY (Completed by Cor	nmittee & Members Services)				
	Amount £ : p		Miles 259.	Details input onto Payroll system:				
* Subsistence Allowance Subsistence Allowance	; ;	: Normal Mileage : By: CM						
(Taxable) Travel Reimbursement (e.g. Car Park, iaxis)	:			Date: 2.10.06				
Dependent Carer's	1							

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	·	Mode	Miles	Dependent Carers Allowance	Fares and other Expenses	Subsistence Allowance		
		Time of		of		Allowance	£ p	£ P	,
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	Trave	imed				
		Ipm.			10				
18 Jul.	Saming autte	\$ 30			10			<u> </u>	\dashv
14/7	Ex nuler: Coox News				10				
16/3	Full Coursel.	6-00		<u> </u>	10				
14//	1	2.30				 	 		
24/7.		8-30.			45		 		_
28 7	A.G. M. A. Rauhurl.	2.30			10				
30/7	DAUS P. P.D.G.		 		10.				
3/0	Fx Meriler. Coorport.	1.30		<u>'</u>	-				
14/8		2.30	4.00	<u> </u>	10		and the same of th		
211/8	EXECT	5.70			10			+	ᆨ
21/8	CORPORATE SCRALL	8.30	1-00		24				
22/8	CORPORATE SCRAFTING REEBOK				30				
3/1/15	AGMA Salford.	8.30			38.				
17/8	Saluin Merelente.	8.30							ļ
20/7	Soline 100	3.30			10				
25/9	Learning	3 30			1.32			+	
24/0	1. AGMA Weyen					~			
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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.

MARK

X MEM	BERS ALLOWANCES CLAIM
MEM	CILCEORD MORRIS - Pay No.
Claim for Month of Oct Nov - 20 06	Name of Member (Block capitals please)
Claim for Month of Oct Nov - 20 06 Car (Make/Model) 6 OLF	Registration No
Home Address	
Matropolitan Borough Council, mat Tital Caronilly 1	and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton ner payments shown on this form; and that the amounts claimed are strictly in accordance with
Metropolitan Borough Council, the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, expenses or allowances, or financial loss allowance or attendance allowance in a	, I have not made, and will not make, any claim under any enactment for travelling or subsistence connection with the duties indicated on this form.
the helder of a current driving licence and have adequate insuran	oce cover for the use of my vehicle on Council business.
(b) I am the holder of a current of the current of	Date
Approved	Date
FOR OFFICIAL U	ISE ONLY (Completed by Committee & Members Services)
Amount	Miles
	1 380

		FOR OTTICITY	•	•
			Miles	
	Amount			
	£:p		280	Details input onto Payroll system:
* Subsistence Allowance	:	Normal Mileage		•
Subsistence Allowance	9:50	•		By: CM
(Taxable)				Date: 1.12.06
Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 1.72.
Dependent Carer's				•
Allowance	•	1	•	·

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				Miles	Dependent Carers Allowance				Allowance	
		Time	of	of		Allow £	ance	£	р	£	р
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	Travel	Claimed 2 6	, E	<u> </u>	6	00		3
101		8A4.		CAR.				8			
19/10	MANCHTER SOLOUNS STOCK PORT. AGMA	917			49				50		1
27/10-	STOCK PORT. 196-194	847			28			3	30		
2/1/	MANCHSTER SALOUNS				75						
14/11	VISTION. Leebok.	12 Noo2	*		32.						
20/11.	MANCHETER SALOUNS, VISTION. ROOBOR. MANCHESTER, BISHOPS ACMATRAFFORD MANCHESTER ARRORT HYDE TAMESINE	10 44									
24/11	DOMO TO AFFORD	9.30			36						
24///	MANGUESTER ARRORT	1-30.		<u> </u>			- day				
27/11	11/05 7 450.05	8-30-			42	 					
1712	HTYE LAMESIYE						E . 40	.			
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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.

(subsistence per J. Addison)

Subsistence

Fares and other

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4

MEMBERS ALLOWANCES CLAIM

			111111111111111111111111111111111111111			
Claim for Month of	TONE	20 <u>06</u>	Name of N (Block capitals		IL PEEL	Pay No
Car (Marke) 1110 111-1	OVER Z	25	exact Cubic Capacity			
Home Address 45 131	RKDALE (GARDENS 1	BL3 5E			•
DECLARATION: (a) I declare that I have actually as Metropolitan Borough Council	nd necessarily incur l; that I have actuall	rred expenditure in trav y paid the fares and ma	elling and subsistence t de other payments sho	for the purpose of wn on this form; a		
I declare that the particulars in	nserted on this form ancial loss allowand	i are correct. Except as si ce or attendance allowar				nactment for travelling or subsistence s. (For Car Allowance claimants only)
(b) I am the holder of a currer Signed	t deining dicence a	and have adequate in MEMBER			Date	106
Approved	A STATE OF THE PARTY OF THE PAR		T TOT ONLY (Samulated by Com	mittee & Members Sert	ices)
		FOR OFFICIA	IL USE ONLY (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	Amount			Miles		
* Subsistence Allowance	£:p	Normal N	Mileage	47	Details in	out onto Payroll system:
Subsistence Allowance (Taxable)	50:31				Ву:	
Travel Reimbursement (e.g. Car Park, taxis)	:				Date:	
Dependent Carer's Allowance	:				1	•

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.



				Mode	Miles	Dependen	t Carers	Fares an		Subsiste Allowa	1
	Particulars of Journeys	Time	of	of		Allow	ance	Exper		£	D D
Date	Description of Approved Duties,	Departure	Return	Travel	Claimed	£	p_	£	p		77
	including Locations (From & To)		5-00	CAR	2				<u> </u>	.6	
1/6	HOME -> T-H -> HOME / PLANNING COM, + SITE	8 70	2-30	- C-F7 \	2						
2/6	IN PLANNING AGENDA	7-00		- ()	2						
5/6	" EXEC BRIEFING	11.30	1.30	· · · · · · · · · · · · · · · · · · ·	5.5			1			
6/6	HAME > CASTLE HILL > HOME / LOMMONITY PANEL	12-30	3.30	11		 		-			
	HOME & T.H & MOME / HOULTS POB (SUB)	2.10	3-50	1	2	-	-				
	ENURONMENT POB	4.30	7.00	'1	2			 			1
8/6	EXEC BRIEF	10.10	17.30	i ·	2						1
12/6		2-45	4.30	0	2						
12/6	Diamondo SITE VISITS	11-00	1.30	14	2				<u> </u>		+
13/6	TRUSPRT PARTINERSHIP	1.15	3.3€	6 4	2		and the second		<u> </u>	- 6	77
14/6	PLANNING COM + SITE VIST		4.30	14	2					- 6	
15/6		1.00	2-30	î N	2			_			
16/6	1. PLANNING AGENDA	11:15	2.00	: 4	Z						
19/6	EXEC BRIEF	5.00	8.00	14	2						
19/6	PLANNING TRAINING		3.30	i i i	5.5						
20/6	HOME & CASTLE HILL & HOME / NEIGH BOURHOWS PAME		6-30	£1	2						
21/6	HUME & THY HOME / ENV. SPECIAL SCRUTING			1	1 2						
26/6	D+R SCRUTINY	5.30	7.30		2						
28/6	PLANNING SITE VISITS	9.30	1130		2			-		6	77
29/6	PLANNING COM + SITE VIS.	15 9.00				_					
30/6	SPECIAL COUNCIL	4.30	6.30	11	2					7	03
20/6	CT W & Cabrietonee from any other Au	*	_ J:		47						<u> </u>

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

Class	Ticket type		and a		· · · · · · · · · · · · · · · · · · ·	Surname	PEEL		nitials	N.S	<u>7.</u>	
Fror	es Com & English	Valid Fronte	Price WANCES	○ プレンモ 20	<u>06</u>	Car Make Reg. No					DRM 2 1.P.T.A.	
		Duties	Place and Time of Departure	Place and Time of Return	Mode of Travel	Official Passengers	Miles	Fares and Inci Expenses (see		Subsistence Allowance £ p		dance wance
	14/6	MEETING WITH CLUR JONES	BOWEN 930	POLITEMAST, 1-00	TRAIN			2	155			
	23/6	GMPTA AGM		MAN. T.H 100		•		4	145			
	/	£			·		:		 	1		1
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									<u> </u>			1
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	Deduct any	y amounts received by way o	of Travelling and S	ubsistence from any	other	Total	@					
	Authoritie	s or bodies on the above date MUST BE SUBMITTED ONTH AND BY NO LAT	es and give particul AS SOON AS PO	lars. OSSIBLE AFTER T	THE END OF		@					
		payment by				Grand Total	£	7	00			

Date	Details of incidental express clair !	£	p
		 	<u> </u>
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		. !	

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 overleaf; 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 overleaf.

(b) (For car allowance claimants only - delete if not applicable.)

I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

Date 18t Sophember 20 06 Signature of Member

NOTES

1. CONDITIONS AND METHOD OF CLAIM

- (a) Claims should be completed to the end of the calendar month and submitted to Committee and Members Services.
- (b) Notwithstanding (a) no claim can be paid where it is submitted more than two calendar months after the day of the specific duty has taken place.

Payment will be made by cheque/bank transfer credit each month.

2. TRAVELLING ALLOWANCES

- (i) Rate for travel by public service shall not exceed lowers available first class fare. Rail Travel Warrants, which are provided should be used whenever possible.
- (ii) The following rates apply for motor car or tri-car where cylinder capacity:
 - (a) not exceeding 999cc

32.5p a mile

(b) exceeding 999cc but not exceeding 1199cc

36.3p a mile

(c) exceeding 1199cc

44.8p a mile

Increase of the parties of each passenger to whom travelling expenses would otherwise to payable for maximum of four.

Rates for motor cycle travel are excluded an expense.

Rates for motor cycle travel are available on request. Mileage is to be calculated by reference to the shortest practicable route unless use of a motorway results in substantial saving of time details of which must be given.

£4.77

£6.57

£2.59

3. SUBSISTENCE ALLOWANCES

For an absence not involving an absence overnight from the usual place of residence of four hours:

(a) the whole of which is before 11.00 a.m. (Breakfast Allowance)(b) which includes the whole of the period between 12 noon and 2.00 p.m.

(Lunch Allowance)

(c) which includes the whole of the period between 3.00 p.m. and 6.00 p.m. (Tea Allowance)

(d) which extends beyond 7.00 p.m. (Evening Meal Allowance) £8.13

All rates of Subsistence Allowance are to be reduced by the appropriate amount (see above) in respec of any meal provided free of charge by the Authority or other body during the period to which the allowance relates. (Where a tea is provided the sum of £2.59 should be deducted from any claim fo Evening Meal Allowance).

The rate of absence overnight from the usual place of residence covering a continuous period of 24 hours is not to exceed the sum of £77.43 with the proviso that for an absence in London or attendance at Annual Conference of the LGA (or such other body approved by the Secretary of State) the rate may be increased by a supplementary allowance not exceeding £10.88. These rates shall be reduced by the amount shown in 3(a) above in respect of any meal provided free of charge by an authority or body during the period in which the allowance relates.

4. ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPORT AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

	FOR	OFFICIA	L USE (ONLY			
Pay Ref		Expend Code	Job Code	Pay Code	£	p	Class
	Attendance Allowance	434 46 30	15200	21			2
	Subsistence Allowance (Taxable)	434 46 31	15200	22			2
	Subsistence Allowance	434 46 31	15200	22			6
	Travel Reimbursement	434 46 31	15200	25	ļ		6
	Travel Allowance	434 46 31	15200	26			. 6

MEMBERS ALLOWANCES CLAIM

Q .		141771177					
	26		Name of Member	NICE	PERL	Pay No.	
Claim for Month of	127 20 <u>06</u>		(Block capitals please)			1.6- 00	
Car (many)	ROJER 25		Registration No.	<u> </u>	Exact Cubic C	apacityu.	
Home Address 45 /3	IRKO ALE GARDEN	1323	_5ES				
DECLARATION: (a) I declare that I have actually an Metropolitan Borough Council the rates determined by Bolton	CHALITIAVE ACTUALLY F						
I declare that the particulars in	serted on this form are correct. E ancial loss allowance or attendanc	-			3	· Car Allowance claimants only)	
(b) I am the holder of a current	no licence and have ade	equate insurance	cover for the use or my	Verifice our country	101/06		
Signed	M	EMBER		Date			
Approved		TOTAL TICE	ONLY (Completed by	Committee & Mem	ibers Services)		
	FOR O	FFICIAL USE	Miles	i		•	
	Amount £:p	Jormal Mileage	35	r	etails input onto Payr	oll system:	week.
* Subsistence Allowance Subsistence Allowance	20:31	Olillai Mineage		В	y:		•
(Taxable)					Oate:		
Travel Reimbursement (e.g. Car Park, taxis)	·			<u> </u>	vate.		
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.



Date Description of Approved Duties, including Locations (From \$To) Departure Return Travel Claimed E P	Fares and other Expenses	Allowance	
######################################	£ P	£ p	
3/7 PAME & T.M & HAME PEXEC BRIEF WITH PDE SERVING 1230 10 2 5/7 WATE & CONSENSE & LEVERNILME FORUM 550 8.30 10 5 6/7 PAME & T.TM & HOME PLANNING AGENDA 1230 200 10 2 6/7 PAME & T.TM & HOME PLANNING AGENDA 1230 200 10 2 6/7 IN EXEC BRIEF 1000 1230 10 2 14/7 IN PLANNING AGENDA 1.00 4.00 10 2 17/1 IN PLANNING DEST TOUR 1.00 4.00 10 2 18/7 IN PLANNING SITE VISITS 9:15 12:30 10 2 18/7 IN FULL COUNCIL 6:30 8:30 10 2 20/7 IN FLANNING COM + SITE VISITS 9:00 5.00 10 2 24/7 IN EXEC BRIEF + EXEC 1230 4.00 10 2 25/7 IN ENU. PD6 4:30 6:30 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 27/7 IN PLANNING COM + SITE VISITS 9:00 5.00 10 2 28/7 IN PLANNING AGENDA 1.00 2:30 10 2		6 77	
5/7			
5/7 HAME > CENTRAL SHAME / LEVERNULME FORUM 550 0.30 1. 2 6/7 PHASE ZITH 7 HOME PLANNING AGENDA 12:30 2:00 1. 2 6/7 EXEC BRIEF 10:00 12:30 1. 2 10/7 1. EXEC BRIEF 10:00 12:30 1. 2 11/7 1. PLANNING AGENDA 1:00 4:00 1. 2 11/7 1. PLANNING SITE VISITS 9:15 12:30 1. 2 18/7 1. FULL COUNCIL 6:30 8:30 1. 7 19/7 1. FULL COUNCIL 6:30 8:30 1. 7 20/7 1. FLANNING COM + SITE VISITS 9:00 5:00 1. 2 24/7 1. EXEC BRIEF + EXEC 12:30 4:00 1. 2 25/7 1. ENU. PD6 4:30 6:30 1. 2 27/7 1. PLANNING COM + SITE VISITS 9:00 5:00 1. 2 27/7 1. PLANNING COM + SITE VISITS 9:00 5:00 1. 2 27/7 1. PLANNING COM + SITE VISITS 9:00 5:00 1. 2 27/7 1. PLANNING COM + SITE VISITS 9:00 5:00 1. 2 27/7 1. PLANNING AGENDA 1:00 2:30 1. 2			
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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		Duties	Place and Time of Departure	Place and Time of Return	Mode of Travel	Official Passengers	Miles	Fares and In Expenses (s		Subsistence Allowance	Allow	
	.7/7	TRANSPORT NETWORK	BULTON	MANCH T.I.	TRAIN			4				-
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Details of incidental expense laimed	ا " ا	p
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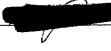
DECLARATION

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 overleaf; 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 overleaf.

(For car allowance claimants only - delete if not applicable.) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

Signature of Member



NOTES

CONDITIONS AND METHOD OF CLAIM 1.

- Claims should be completed to the end of the calendar month and submitted to Committee and Members Services.
- Notwithstanding (a) no claim can be paid where it is submitted more than two calendar months after the day of the specific duty has taken place.

Payment will be made by cheque/bank transfer credit each month.

2. TRAVELLING ALLOWANCES

- Rate for travel by public service shall not exceed lowers available first class fare. Rail Travel (i) Warrants, which are provided should be used whenever possible.
- The following rates apply for motor car or tri-car where cylinder capacity: (ii)
 - not exceeding 999cc

32.5p a mile

exceeding 999cc but not exceeding 1199cc (b)

36.3p a mile

exceeding 1199cc

44.8p a mile

Increase of 1.0p a mile of each passenger to whom travelling expenses would otherwise be p. le for a maximum of four.

Rates for motor cycle travel are available on request. Mileage is to be calculated by reference to the shortest practicable route unless use of a motorway results in substantial saving of time details of which must be given.

£6 57

£2.59

£8.13

SUBSISTENCE ALLOWANCES 3.

For an absence not involving an absence overnight from the usual place of residence of four hours:

(a) the whole of which is before 11.00 a.m. (Breakfast Allowance)

(b) which includes the whole of the period between 12 noon and 2.00 p.m. (Lunch Allowance)

(c) which includes the whole of the period between 3.00 p.m. and 6.00 p.m.

(Tea Allowance) (d) which extends beyond 7.00 p.m. (Evening Meal Allowance)

All rates of Subsistence Allowance are to be reduced by the appropriate amount (see above) in respec of any meal provided free of charge by the Authority or other body during the period to which the allowance relates. (Where a tea is provided the sum of £2.59 should be deducted from any claim for

Evening Meal Allowance).

The rate of absence overnight from the usual place of residence covering a continuous period of 24 hours is not to exceed the sum of £77.43 with the proviso that for an absence in London or attendance at Annual Conference of the LGA (or such other body approved by the Secretary of State) the rate may be increased by a supplementary allowance not exceeding £10.88. These rates shall be reduced by the amount shown in 3(a) above in respect of any meal provided free of charge by an authority or body during the period in which the allowance relates.

ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPORT AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

٠			FOR	OFFICIA	L USE (ONLY			
	Pay F	Ref		Expend Code	Job Code	Pay Code	£	p	Class
·			Attendance Allowance	434 46 30	15200	21			2
			Subsistence Allowance (Taxable)	434 46 31	15200	22			2
			Subsistence Allowance	434 46 31	15200	22			6
			Travel Reimbursement	434 46 31	15200	25			6
			Travel Allowance	434 46 31	15200	26			. 6
			·						

MEMBERS ALLOWANCES CLAIM

	<u> </u>		MEMBE	ERS ALLOWANG	CES CLAIM		
Claim for Month of	AUGUST			Name of Member	NICHTA	PEEL	Pay No.
Car (Make/Model)	Rover	25		(Block capitals please) Registration No. 1		Exact Cubic	Capacitycc.
Home Address 45		GAADENS,					
DECLARATION: (a) I declare that I have actua Metropolitan Borough Co	uncu; mai i mave ac	J. C.		ζ.			
I declare that the particul expenses or allowances, or	ars inserted on this or financial loss allo				ny vehicle on Cou	ncil business. (F	or Car Allowance claimants only)
(b) I am the holder of a consider of a consi		MEM		i.	Date <u>6</u>	1/09/06	
		FOR OFF	CLAL USE	ONLY (Completed	by Committee & M	embers Services)	
* Subsistence Allowand Subsistence Allowand (Taxable) Travel Reimburseme (e.g. Car Park, taxis) Dependent Carer's	ce 20 :	Nort	nal Mileage	TOTAL IS	les 5	Details input onto Pay By: Date:	rroll 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.



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350.70		See All	
\$300	3/4/45/00		200
	462,574		168

		Mode	Miles	Dependent Carers				Allowance			
	Particulars of Journeys	of	of	•	Allowance		Expenses				
Date	Description of Approved Duties,	Departure	Return	Travel	Claimed	£	p	£	p	E	P
	including Locations (From & To)	12.30	3.00	CAR	5.5				-		
#1/8	HOME FLASTIE HILL THOME / NEIGHBOORINGS PAMEL	3.30	6.00	, `	2						
3/8	HOME -> TH > HOME / VALUING DIVERSITY W.P.		4.30		2					6_	77
10/8	MCANINO COM FSITE MISTS	845	2.30		2						
11/8	PLANNING AGENDA	/-00		1	2						
14/8	EXEC BRIEF	10.00	12.30	↓	Z Z						
	DIA CIDITINY	5.30	7.30	1.		18		 			
14/8	ENU 006	4.30	6.30	'`	2	- 5			 -		
15/8	ENU COUTAY	5.30	7.30	6 6	2					6	77
16/8	1 ENU SCRUTNY 1 OTR PD6 - EXEC - COLP ISSUES 1 EXEC BRIEF HOUSING PD6 SCRUTH	8.00	8.30 M	1 1-	2						77
21/8	A EXEC BRIEF HOSSING PIGE	10.00	4.30	, .	2	See and the see				6	1//
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25/6	1. PLANNING AGENDA	100									<u> </u>
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L	6. Subsistance from any other Au	the aritise or h	odies		25.	7					

Subsistence

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

·						
Claim for Month of SE/	TEMBER 20	0-6	Name of Member	NICHOLAS	PEEL Pay No.	, , , , , , , , , , , , , , , , , , ,
Car (Make/Model)	ROVER 25	-	Registration No.		Exact Cubic Capacity /- 4_cc.	
Home Address 45	BU3 5ES					
DECLARATION: (a) I declare that I have actually Metropolitan Borough Courthe rates determined by Boli	ncil; that I have actually pa	aid the fares and made other	d subsistence for the purpos payments shown on this for	se of enabling me to perfo m; and that the amounts	orm duties as a Member of the Bolton o claimed are strictly in accordance with	•
I declare that the particulars expenses or allowances, or f	inserted on this form are inancial loss allowance or	correct. Except as shown, I h attendance allowance in cor	nave not made, and will not unection with the duties indi	make, any claim under a cated on this form.	ny enactment for travelling or subsistence	,
(b) I am the hol	driving licence and	have adequate insurance	cover for the use of my		• •	
Signed		MEMBER	•	Date 66/12	2/06	
Approved				Date		
		FOR OFFICIAL USE	ONLY (Completed by	Committee & Members	Services)	
	Amount		Miles			•
* Subsistence Allowance Subsistence Allowance (Taxable)	£:p :	Normal Mileage	22	Details By:	s input onto Payroll system:	
Travel Reimbursement (e.g. Car Park, taxis)	9 79			Date:	7.12.06	
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.



				Mode	Miles	Dependen	t Carers	Fares an	d other	Subsist	епсе
	Particulars of Journeys	e of	of		Allowance		Expenses		Allowa	ince	
Date	Description of Approved Duties, ALL FLOM including Locations (From & To) HOME TO TOWNAML		Return	Travel	Claimed	£	P	£	p	£	. P
- 1 · ·		430	6.00	CAR	2				89		
5/9/2	PLANNING SITE VICITS /BOLTON TRANSPORT PARTHERSHIP		3.30	11	2				89		57
6/92	MADONNO SITE VICTS / ISLIAO 11414-1-	9.00	4-30		4.0				49	6	57
7/93	PLANNING + SITE VISITS	1.00	2-30	1.5	13				89		<u> </u>
3 /1 to	PLANNING AGENDA	8.00	10.30	4	1				89		
11/93	DTR POG	7.00	7.00	1.					59	2	59
12/92	RECYCLING POG / ENV. POG	11:00	12.45	1.5	11		_e gar		20		
20/90	PLANNING SITE VISITS		 		11.		1		4	6	57
21 /1se	SITE VISTS + PLANNING	9.00	6-30	 	r. 1			and the state of t	88	2	59
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<u></u>	d by year of Travelling & Subsistence from any other Auti			•	127			9	79	29	547

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

OJY

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of OCTO Car (Make/Model) // Home Address 45,	lover 25	-ES	Name of Member (Block capitals please) Registration No.	chois	<u>Exact</u> Cubic C	Pay N	occ.
DECLARATION:	and nacessarily include	ed expenditure in travelling and	subsistence for the purpose o	f enabling me to per	form duties as a Mem	ber of the Bolton	
Metropolitan Borough Counc the rates determined by Bolto I declare that the particulars expenses or allowances, or fi	ril; that I have actually on Metropolitan Borous inserted on this form a nancial loss allowance	paid the fares and made other pa gh Council. re correct. Except as shown, I hav or attendance allowance in conn	yments shown on this form; re not made, and will not ma ection with the duties indicate	and that the amoun ke, any claim under ed on this form.	ts claimed are strictly i	in accordance wi	ence
(b) I am the holder of a curre	nt-driving licence an	d have adequate insurance co	over for the use of my veh	icle on Council bu	,	Car Allowance o	laimants only)
Approved			100	Date			
		FOR OFFICIAL USE	ONLY (Completed by Con	nmittee & Members	Services)		
	Amount £ : p		Miles				
* Subsistence Allowance Subsistence Allowance (Taxable)	a:16	Normal Mileage	26.	Detai By:	ls input onto Payrol	l system:	-
Travel Reimbursement (e.g. Car Park, taxis)	(1:57			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.



	Particulars of Journeys			Mode	Miles	Dependent	+ Carare	Fares and	other	Subsiste	ence
	of	Miles	Allowance		Expenses		Allowa	nce			
Date .	Description of Approved Duties, HOME > TOWN including Locations (From & To)	Departure	ie of Return	Travel	Claimed	£	P	£	p	. £	р
2/10	CAR PARKING POB / EXT DTR SCRITINY	3.30	7.00	CAR	2				89		
2/10	SITE VISTS + PLANNING	9.00	4.30	1.	18				89	6	ح2
6/10	PLANNING AGENDA	1.00	2-30	L-	į t v				88		
9/10	DTR PO6	8.00	10.00	. `	4				89		
9/10	CORP SCRUTIMY	5.30	7.30	٤ مـ	EC.				89		
	ROAD SAFTEY STANDED FAME. ENV. SCRUTNY	5.30	7.30	Esc	į.				89		
16/10	EXECUTIVE	2-30	3.30	£ !	t _f				89		<u> </u>
20/10	PLANNING AGENDA	1:00	2.30		٧,		<u> </u>		69		<u> </u>
	LEADERS +WHIPS	4-30	6.30	L ~	٧		<u> </u>		89		<u> </u>
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<u> </u>	Abvergery of Travelling & Subsistence from any other Auth	1	1:	ř	26			//	57	9	1/6

CLAIMS MUST BE SUBMITTED BY THE $2\pi d$ OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

AND.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

The state of the s							
Claim for Month ofC	NOVER 25	<u>.06</u>	Name of Member (Block capitals please) Registration No	NICHOLAS	<u>Exact</u> Cubic C	Pay Nocc.	<u>-</u>
Home Address 2,5	, BL3 SE	TS				•	·
the rates determined by Bolto	cil; that I have actually pon Metropolitan Boroug inserted on this form ar inancial loss allowance o	paid the fares and made other)	eayments shown on this to ave not made, and will not nection with the duties ind	make, any claim unde icated on this form. vehicle on Council b	er any enactment for tra		ily)
		FOR OFFICIAL USE	ONLY (Completed by	Committee & Membe	rs Services)		
•	Amount		Miles				
* Subsistence Allowance Subsistence Allowance (Taxable)	£:p : 37 :∞	Normal Mileage	36	Deta By:	ails input onto Payro	ll system:	
Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	16:02			Date	e:		

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	t Carers	Fares and o	other	Subsiste		
		Tim	ie of	of		Allowa	ance	Expense	2S	Allowa	nce
Date	Description of Approved Duties, HAME > 70W including Locations (From & To)	Departure	Return	Travel	Claimed	£	p	£	P	£	р !
2/1	SITE VISTS + PLANNING	9.00	430	CAR	2.		<u> </u>		89	6_	57
3/11	PLANNING AGENDA	1.00	3-00	٤\	16.		<u> </u>	<u> </u>	89		
3/11	INFORMAL COUNCIL	415	6-00	100	ic.		<u> </u>	I	89		<u> </u>
8/11		1.00	3.00	* >	14		<u> </u>		8.9		<u> </u>
9/11	GOV. APPTS. PANEL PLANNING TRAINS	9.30	1-30	٠	15				89		<u> </u>
7/1	EXEC	230	4.00	, ,	t c			(89		<u>!</u>
13/11	DTR PD6	9.30	11.30	15	E				89		<u> </u>
16/11		9.00	4:30	1 -	1 <u>c</u>				89		57
	SITE VISTS + PLANNING	2.30	7.30	14	۱,				89	2	\$,9
20/11	EXEC / DTR SCRUTINY	430	6.00	1 ~	i,	47			89		
21/1	ENV POB/ ENTRY		9.00	1	=8			3	56		
21/11	LEVERHULME FORUM (TOWN HALL & LITTLE LEVER)	6.00	8.00	1,	2				49		
23/11	B.H. SEMINAR	6.00	8.00	- Line					89	8	13
27/11	SITE VISITS/ENV DOG/ CORP SCENTINY	1.30	6.45		1.		-		89	6	57
29/11	ROAD SAFETY "BANEL / ENV. SCRUTINY SITE VISITS + PLANNING	1.00						· · · · · ·	89	6	57
30/11	SITE VISITS + PLANNING	9.00	430	+			<u> </u>				
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7			ļ <u> </u>	 		-	<u> </u>	-			+-
				<u> </u>	 	<u> </u>	 				-
				<u> </u>						*3,	,
<u> </u>	to received by way of Travelling & Subsistence from any other Auth		-	•	36.			16	OZ	61	00

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

BOLTON METROPOLITAN BOROUGH COUNCIL



MEMBERS ALLOWANCES CLAIM

				1 4 4	PEEL	D N-	
Claim for Month of JAN. Car (Make/Model) ROVE	NAILY 20.	<u>07</u>	Name of Member	1CHOX-VYS		Pay NoL	oc.
Car (Make/Model) KOVE	<u> </u>		J				
Home Address 45 13	PREDALE 6D.	NS, BL3 5	<u> </u>			·	·
DECLARATION:			4 subsistance for the nurpose 0	f enabling me to per	rform duties as a Member	of the Bolton	
DECLARATION: (a) I declare that I have actually a Metropolitan Borough Council	nd necessarily incurred	expenditure in travelling and	payments shown on this form;	and that the amoun	its claimed are strictly in a	ccordance with	
Metropolitan Borough Counci	i; that I have actually pa	C					
			nave not made, and will not ma	ke, any claim under	any enactment for travell	ing or subsistence	
owners or allowances, or fin	ancial loss allowance of	attendance and					outes)
(b) I am the holder of a currer	st driving licence and	have adequate insurance	cover for the use of my veh	icle on Council bu	· -	Allowance claimants	onig)
(b) I am the holder of a cultry	it dilving item			Date 22/2	2/07		
Signed		MEMBER		<u>-</u>			
Approved	<u></u>			Date			
		FOR OFFICIAL USE	E ONLY (Completed by Co	mmittee & Member	s Services)		
	Amount		Miles			•	
	1					•	•
	£:p	Normal Mileage	164.	Deta	ils input onto Payroll s	ystem:	
* Subsistence Allowance	- (.70		+32		G		
Subsistence Allowance (Taxable)	26 :28.		74	By:	CM -		
Travel Reimbursement (e.g. Car Park, taxis)				Date	: 27.2.07		
Dependent Carer's			,				
Allowance	:		l				

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 Carers		Fares and other		l			
	Particulars of Jour	Market and A			of		Allowa	nce	Expe	nses .	Allowa	nce
Date	Description of Approved Duties,		Tirr Departure	ne of Return	Travel	Claimed	£	Р	£	p	£	p :
Duit	including Locations (From & To				CAR	2					6	57
8/1	DTR PDG / EXEC BRIEF / EXEC	HUME 7 1. HALL	9.00	4.00		2						
9/1	RECYCLING PDE /ENU PDE	11	400	6.30	1,			<u> </u>				
		10	9.00	12.00	(1	2	<u> </u>	 				
10/1	SITE VISTS	7,	2.30	4.00	t i	2						67
10/1	FORCH MOM	· L	9.00	4.45	(1	2			<u> </u>		6	57
0/1	PLANUAL + SITE DISITS	<u>'</u>	 	6.30	ŧ.	5						
16/1	EAST BOUTEN MEMBERS	HOME -> FIRMED HE	1		iı	2						
16/1 17/1	ROAD SAFTY PANEL	HUME > T.MIL	1.00	4:00		Z	 -	Ì				
18/1	PLANIME TRAINING	<u> </u>	11.30	2.00	it			-				
		IKME -> FIRMER)	4-30	6.45	- lı	5_				_		
13/1	EAST BOLTON BOARD	HOME > THIGH	1 ^	12.00	11	2			_		 	57
22/1	EXEC BRIEF	110.10 / 11/19	12.00	6.00	į i	2		<u> </u>			6	
22/1 23/1 25/1	TRANS. PAKT. CONT/ENV. POB		9.30	4.45	6	7					6	57
25/1	PLANIMU + SITE VISTS			11-30	110	Z				<u> </u>		
29/1	EXEC BRIEF	1,	10:00		+ -	2	_					
	DTR SCRUTNY		5.30	7.30	_	 Z		+-				
29/1	PLANNINE WORKINE PARTY		9.30	12:30							<u> </u>	
30/1	TLANIONE CONCENTE	11	4.30	600	t i							-
31/1	INFORMAL COUNCIL	TIHALL - LEVELING		9-00	ا در	5						
31/1	LEVERHULME FORUM	TIPHIVE SCHOOL	+									
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						+					26	2
l						142	.	Į			26	٠,
	11 of Trovolling & Subsis	teres from any other Aut	horities or b	odies								

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

lass STI		Adult Child RETURN ONE NIL T Date Number JNR • 07 64741 0024 0 7	OUT 2599N52 WANCES	Pay No:		SurnameAddresses: 4	PEEL 5 Burld	culo Gardens	initials S 1 BL	<u>NS</u> 35ES	·/		
POLTO SOLTO SIANCH	N * IESTER CTLZ	Hoote	2599N52 WANCES Price £4.65M JA	<u>0</u> 7		R ALLOW	ANCE			FORN		·	
		Duties	and Time of Departure	Place and Time of Return	Mode of Travel	Official Passengers	Miles	Fares and Inc Expenses (se	e over)	Subsisten Allowand £	1	Attenda Allowa £	
	12/01	POLICY COM.	BOLTON	MANCHESTER	TRAIN			. 4	65				
	<u>. </u>	£			<u></u>				 			-	
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	,			· .					 - 	}		<u>.</u>	
	Deduct any	y amounts received by wa	other	Total	@		 						
Authorities or bodies on the above dates and give particulars. CLAIMS MUST BE SUBMITTED AS SOON AS POSSIBLE AFTER THE END OF EACH MONTH AND BY NO LATER THAN THE 5TH OF EACH MONTH.							@						
		payment by				Grand Total	£	4	65				

Date	Details of incidental expense	laimed	£	P		
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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 overleaf; 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 overleaf.

(b) (For car allowance claimants only - delete if not applicable.)

I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

ate 22/2 20 07 Signature of Member_

NOTES

1. CONDITIONS AND METHOD OF CLAIM

- (a) Claims should be completed to the end of the calendar month and submitted to Committee and Members Services.
- (b) Notwithstanding (a) no claim can be paid where it is submitted more than two calendar months after the day of the specific duty has taken place.

Payment will be made by cheque/bank transfer credit each month.

2. TRAVELLING ALLOWANCES

- (i) Rate for travel by public service shall not exceed lowers available first class fare. Rail Travel Warrants, which are provided should be used whenever possible.
- (ii) The following rates apply for motor car or tri-car where cylinder capacity:
 - (a) not exceeding 999cc

32.5p a mile

b) exceeding 999cc but not exceeding 1199cc

36.3p a mile

(c) exceeding 1199cc

44.8p a mile

iii) Increase of 1.0p a mile of each passenger to whom travelling expenses would otherwise be p ale for a maximum of four.

Rates for motor cycle travel are available on request. Mileage is to be calculated by reference to the shortest practicable route unless use of a motorway results in substantial saving of time; details of which must be given.

£6.57

3. SUBSISTENCE ALLOWANCES

For an absence not involving an absence overnight from the usual place of residence of four hours:

(a) the whole of which is before 11.00 a.m. (Breakfast Allowance)
(b) which includes the whole of the period between 12 noon and 2.00 p.m.

(Lunch Allowance)
(c) which includes the whole of the period between 3.00 p.m. and 6.00 p.m.

(Tea Allowance) £2.59

(I) which extends beyond 7.00 p.m. (Evening Meal Allowance) £8.13

All rates of Subsistence Allowance are to be reduced by the appropriate amount (see above) in respect of any meal provided free of charge by the Authority or other body during the period to which the allowance relates. (Where a tea is provided the sum of £2.59 should be deducted from any claim for Evening Meal Allowance).

The rate of absence overnight from the usual place of residence covering a continuous period of 24 hours is not to exceed the sum of £77.43 with the proviso that for an absence in London or attendance at Annual Conference of the LGA (or such other body approved by the Secretary of State) the rate may be increased by a supplementary allowance not exceeding £10.88. These rates shall be reduced by the amount shown in 3(a) above in respect of any meal provided free of charge by an authority or body during the period in which the allowance relates.

4. ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPORT AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

	Pay l	Ref		Expend Code	Job Code	Pay Code	£	p	Class
			Attendance Allowance	434 46 30	15200	21			2
1			Subsistence Allowance (Taxable)	434 46 31	15200	22			2
\prod		П	Subsistence Allowance	434 46 31	15200	22			6
			Travel Reimbursement	434 46 31	15200	25			6
			Travel Allowance	434 46 31	15200	26			6
+	\dashv	1-1				1	1		

CIAN.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM									
Claim for Month of FBRVARY 20_ Car (Make/Model) ROVER IMPLESS	(Blo	me of Member ck capitals please) gistration No	NICHOLAS.	Pay No. Exact Cubic Capacity /- 4 cc.					
Home Address 45 BIRKDALE GA	LDENS, BL3 5	ES							
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) Signed									
Approved	•								
F	OR OFFICIAL USE ONI	Y (Completed by Co	mmittee & Members Ser	vices)					
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	Normal Mileage	Miles 32.	Details in By: Date:	aput onto Payroll 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.
 - <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>

Allowance

			1000	е _
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	A 100	22/3	(1) (H)	100

	Particulars of Jour	neys			Mode	Miles	Dependen		Fares and Exper		Subsistence Allowance	
Date	Description of Approved Dutitional Including Locations (From & To		Tin Departure	e of Return	of Travel	Claimed	Allowa £	ance P	£	p p	£	p p
1/2	RLANNING TRAING GAPPT PANEL	HOME > THALL	11-30	3.30	CAR	Z	-					
5/2	EXECUTIVE		2.30	4.00	```	Z	ļ				<u> </u>	-
5/2	CORPORATE SCLUTING	1	5.30	4.00	i C	2		<u> </u>				ऻ॓—
5/2	ENV. SCRUTINY SITE VISTS + PLANVING PLANVING AGENDA / 1. T. GROUP	^	5.30	8.00	CC.	2						
8/2	SITE VISTS + PLANNING	IC.	9.30	430	15	2		<u> </u>				-
8/2	PLANNING AGENDA / 1. T. GROWD	1	1.00	600	1 -	2		<u> </u>				<u> </u>
12/2	D+2 PO6.	<i>}</i> -	9.00	11.00	ړد	ユ		<u> </u>				<u> </u>
12/2	EXECUTIVE/LEADERS + WHIPS	14	7-30	6.00	11	2						-
13/2	OF ROAD SAFETY PANEL	K	1.00	3.30	ľ	2						-
20/2	EN RECYCLE POB/ENN POB	נץ	2.30	6:30		3.		<u> </u>			Urr	ļ
21/2	COUNCIL	1 🔨	6.30	830	2.	<u> </u>		ļ				<u> </u>
22/2	PLANNING	. 17	1-30	5.00	ł t	ユ		<u> </u>				<u> </u>
23/2	PLANNING AGENDA	(1	100	2.30	(ب	2		<u> </u>			· · · · · · · · · · · · · · · · · · ·	╀
26/2	EXEC BRIEF	(\	1000	11.30	6							<u> </u>
27/2	ENV. POB COUNCIL	()	3-30	5.00	13	ユ						╫
28/2	COUNCIL	18	6.30	10.15	٠,	7		<u> </u>				-
***						* .		<u> </u>				<u> </u>
									,		·····	-
												-
												
	amounts received by way of Travelling & Subsiste			4		32					i •	

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

A AUD TANK	
Date	Description

MEMBERS ALLOWANCES

Claim for month of _

Surname	PEC

Initials

B Add	ress: 45	Burzable Gans,	BL3SE	S
C	AR ALLOW	ANCE	FOI	RM 2
Car Make	· P	Model		P.T.A.
Reg. No	· E	xact CC	G.171.	r.i.m.
Official	Miles	Fares and Incidental	Subsistence	Attendan

Date	Description of Approved Duties	Place and Time of Departure	Place and Time of Return	Mode of Travel	Official Passengers	Miles	Fares and Inci Expenses (see		Subsiste Allowa		Attenda Allowa	
					, ,		£.	. p	£	p	£	р
2/2/07		BOLTON	MANCHESTER	TRAIN			4	65			·	
22/2/07	TRANSPORT NETWORK	14	V V	i j			4	165				
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Deduct any Authoritie	y amounts received by way o s or bodies on the above date	of Travelling and S as and give particul	ubsistence from any lars.	other	Total	@		 		 		
CLAIMS	MUST BE SUBMITTED ONTH AND BY NO LAT	AS SOON AS PO		@		i 		 	1			
	payment by				Grand Total	£	9	30		, 	·	

Date	Details of incidental ex uses clai	med £	l p
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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 overleaf; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

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(b) (For car allowance claimants only - delete if not applicable.)

I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

	on Council business.				
Date	22/2	20	07	Signature of Member_	

NOTES

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- (ii) The following rates apply for motor car or tri-car where cylinder capacity:
 - (a) not exceeding 999cc

32.5p a mile

(b) exceeding 999cc but not exceeding 1199cc

36.3p a mile 44.8p a mile

(c) exceeding 1199cc

(iii) Increase of 1.0p a mile of each passenger to whom travelling expenses would otherwise be payable for a maximum of four.
 Rates for motor cycle travel are available on request. Mileage is to be calculated by reference to the shortest practicable route unless use of a motorway results in substantial saving of time;

3. SUBSISTENCE ALLOWANCES

details of which must be given.

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(b) which includes the whole of the period between 12 noon and 2.00 p.m.

(Lunch Allowance)

(c) which includes the whole of the period between 3.00 p.m. and 6.00 p.m.

(Tea Allowance) £2.59

Which extends beyond 7.00 p.m. (Evening Meal Allowance) £8.13

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4. ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPORT AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

			OFFICIAI	L USE C	ONLY			
Pay I	Ref		Expend Code	Job Code	Pay Code	£	р	Class
		Attendance Allowance	434 46 30	15200	21			2
		Subsistence Allowance (Taxable)	434 46 31	15200	22			2
		Subsistence Allowance	434 46 31	15200	22			6
		Travel Reimbursement	434 46 31	15200	25			6
		Travel Allowance	434 46 31	15200	26			. 6
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CLAIMS MUST BE SUBMITTED AS SOON AS POSSIBLE AFTER THE END OF



BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of	MARCH	_20_07	Name of	Wiember	lick P	ce	P	ay No.	
Car (Make/Model) Ro	VER IMPRE	5510N	(Block capital Registrat			<u>Exact</u> C	ubic Capacity	1.4 cc.	
Home Address 45	BIRKDALE	GONS, B	BL3 SES					•	•
DECLARATION: (a) I declare that I have actually Metropolitan Borough Cour the rates determined by Boli I declare that the particulars expenses or allowances, or f (b) I am the holder of a curre Signed Approved	ncil; that I have actual ton Metropolitan Bor inserted on this forn inancial loss allowan	lly paid the fares and ma ough Council. n are correct. Except as si ce or attendance allowar	ide other payments sho hown, I have not made, nce in connection with t	wn on this form; an , and will not make, he duties indicated use of my vehicle	d that the amou any claim unde on this form.	nts claimed are r any enactment usiness.	strictly in accordar	nce with	
		FOR OFFICIA	L USE ONLY (Co	mpleted by Commi	ttee & Members	Services)			•
	· Amount	1	1	Miles		ŕ			
* Subsistence Allowance Subsistence Allowance	£:p :	Normal Mi	leage	35.	Detai	ls input onto F	ayroll system:		
(Taxable) Travel Reimbursement (e.g. Car Park, taxis)	:				By: Date:	CM 25.6.0	7	BOLT	ON MBC
Dependent Carer's Allowance	:		To Addition					2.5	the birth
Notes	•	•		•				PENSION	AS SECTION

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.



4	Particulars of Journeys			Mode	Miles	Dependen		Fares an		Subsist	
Date	Description of Approved L including Locations (From & To)	Tin Departure	ne of Return	of Travel	Claimed	Allowa £	ance P	Exper £	nses P	Allow:	ance p
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12/3	DAR PDG / HOUSING PDG	2.30	7.00	K	2 .	•					<u> </u>
14/3	INFORMAL COUNCIL	5.00	7.00	1(2						<u> </u>
14/3	LOCAL TRANSPORT FORUM "	1.30	4.30	٠,	2						<u> </u>
15/3	E.B.R. BOARD (TOWN HALL -> FIRVOUR)	4-30	6.30	¥	5				ļ	ļ ·	_
19/3	ENV. POG (45 BIRKARE > T. HALL)	5.00	6.30	, .	2						<u> </u>
20/3	RECYCLING PDG "	3.30	5.30	ř (2,				<u> </u>	<u> </u>	ᆜ
21/3	LOAD SAFETY PANEL II	1.00	3.30	نر	2		<u> </u>			ļ	
21/3	LEVERHULME PORUM (45 BELLOME > HAVEGH)	5-30	8.30	α	4		<u> </u>		<u> </u>		
22/3		8.30	5.00	ŧ	- 2		<u> </u>			<u> </u>	<u> </u>
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29/3	HEALTH SCRUTINY (1.	3.30	6.00	1	Z		<u> </u>		ļ	ļ	
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	y amounts received by way of Travelling & Subsistence from any other Autho	,		•	35					20	Bi

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

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DECLARATION

I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for (a) 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 overleaf; 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 overleaf.

(For car allowance claimants only - delete if not applicable.) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

20 O / Signature of Membe

NOTES

CONDITIONS AND METHOD OF CLAIM 1.

- Claims should be completed to the end of the calendar month and submitted to Committee and (a) Members Services.
- Notwithstanding (a) no claim can be paid where it is submitted more than two calendar months after (b) the day of the specific duty has taken place.

Payment will be made by cheque/bank transfer credit each month.

TRAVELLING ALLOWANCES 2.

- Rate for travel by public service shall not exceed lowers available first class fare. Rail Travel Warrants, which are provided should be used whenever possible.
- The following rates apply for motor car or tri-car where cylinder capacity:
 - not exceeding 999cc

32.5p a mile

exceeding 999cc but not exceeding 1199cc (b)

36.3p a mile

exceeding 1199cc

44.8p a mile

Increase of 1.0p a mile of each passenger to whom travelling expenses would otherwise payable for a maximum of four.

Rates for motor cycle travel are available on request. Mileage is to be calculated by refer to the shortest practicable route unless use of a motorway results in substantial saving of details of which must be given.

£6.

£2.

£8.

SUBSISTENCE ALLOWANCES 3.

For an absence not involving an absence overnight from the usual place of residence of four ho

(a) the whole of which is before 11.00 a.m. (Breakfast Allowance) (b) which includes the whole of the period between 12 noon and 2.00 p.m.

(Lunch Allowance)

which includes the whole of the period between 3.00 p.m. and 6.00 p.m. (Tea Allowance)

(d) which extends beyond 7.00 p.m. (Evening Meal Allowance)

All rates of Subsistence Allowance are to be reduced by the appropriate amount (see above) in reof any meal provided free of charge by the Authority or other body during the period to which allowance relates. (Where a tea is provided the sum of £2.59 should be deducted from any clair Evening Meal Allowance).

The rate of absence overnight from the usual place of residence covering a continuous period (hours is not to exceed the sum of £77.43 with the proviso that for an absence in London or attend at Annual Conference of the LGA (or such other body approved by the Secretary of State) the may be increased by a supplementary allowance not exceeding £10.88. These rates shall be red by the amount shown in 3(a) above in respect of any meal provided free of charge by an authori body during the period in which the allowance relates.

ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPO AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

FOR OFFICIAL USE ONLY

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