WALSH A

MEMBERS ALLOWANCES CLAIM

					4
APRIL	20 06	Name of Member	A. S.	GJALSH.	Pay No.
OYOTA	Annual Property Control of the Contr	Registration No.		Exact Cubic	c Capacity
cil; that I have actua on Metropolitan Bo	ally paid the fares and mad rough Council.	le other payments shown on this for	m; and that the a	mounts claimed are stric	ny in accordance with
inserted on this for inancial loss allowa	m are correct. Except as sho nce or attendance allowand	own, I have not made, and will not ce in connection with the duties ind	make, any claim icated on this for	under any enactment for m.	travelling or subsistence
	and have adequate ins	urance cover for the use of my v	rehicle on Cour Date Date2	19/5/06 2/5/06	For Car Allowance claimants only)
	FOR OFFICIA	L USE ONLY (Completed by	Committee & Me	mbers Services)	
Amount £:p :	Normal Mil	leage Miles		By:	roll system:
	and necessarily incident that I have actually income that I have actually inserted on this form inserted on this form inserted loss allowed. Amount £: p	and necessarily incurred expenditure in travecil; that I have actually paid the fares and made on Metropolitan Borough Council. inserted on this form are correct. Except as shinancial loss allowance or attendance allowance and have adequate inserted the manner of the	Registration No	Registration No. and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me cil; that I have actually paid the fares and made other payments shown on this form; and that the actual on Metropolitan Borough Council. inserted on this form are correct. Except as shown, I have not made, and will not make, any claim inancial loss allowance or attendance allowance in connection with the duties indicated on this form the duties indicated on this form. The property of the use of my vehicle on Council MEMBER Date Portoriol Victorial Science & Member 1 Amount £:p Normal Mileage Normal Mileage	Registration No

Notes:

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

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

	Particulars of Journals			Mode of	Miles	Dependent Allowa		Fares an Expe		Subsista Allowa	
Date	Description of Approved Dates including Locations (From & To)	Time Departure	e or. Return	Travel	Claimed	£	p	£	р	£	
4	AUDIT COMMITTICE	9.00		CAR	of						_
4	HOATON, LOSTOUN & HUZ TON FORUM	63084			7						_
5	JOINT P. D.G.	9-30		^	7_						1
6	Housing P.D.S	930			7				-		+
6	CUTACKE: - KIASON COMMITTEE	6-008M			7_				<u> </u>		+
13	PLANHING & HIGHWAYS	2-00814		_	7					· .	+
19	FULL COUNCIL	7.08/4		~	7						4
25	AUDIA COMMITTURE	9.00		· <u> </u>	2					<u> </u>	-
25	HALL LER BANK PARN L.H.R.	Arcolm		,	7			<u>'</u>	 	<u> </u>	+
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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.



MEMBERS ALLOWANCES CLAIM

Claim for Month of	MAY	· · · · · · · · · · · · · · · · · · ·	Name of Member(Block capitals please)	A. S. WALSH.	Pay No. 1
Car (Make/Model) 7	OJOTA		Registration No.	<u>Exact</u> Cubic Ca	pacity 1998(D) cc.
Metropolitan Borough Counthe rates determined by Bolto I declare that the particulars	cil; that I have actually p on Metropolitan Boroug inserted on this form ar	paid the fares and made other pay h Council.	ments shown on this form; not made, and will not ma	of enabling me to perform duties as a Memb and that the amounts claimed are strictly in ke, any claim under any enactment for trave ted on this form.	accordance with
b) I am the holder of a curre Signed	nt driving licence and	l have adequate insurance cov MEMBER	ver for the use of my veh	Date 20 + 6 + 0 6	ar Allowance claimants only)
	5	FOR OFFICIAL USE O	NLY (Completed by Con	nmittee & Members Services)	
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount 3 :77.	Normal Mileage	Miles 35	Details input onto Payroll : By: Date:	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</u> note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

	Particulars of Journal of Louisian Control of Control o			Mode	Miles	Dependent	Carers	Fares an	d other	Subsist	tence
<u></u> Đate	Description of Approved Duties,	Tin	ne of	of		Allowa		Exper	rses	Allowa	ance
MA \	including Locations (From & To)	Departure	Return	Travel	Claimed	£	p	£	. p	£]
16	PLANHING - 8,75 VISITS	9.00	12.40	CAR	ny	<u> </u>			<u> </u>		-
17	MAYAR MALLUT	11.15			M				<u> </u>	<u> </u>	
18	PLANNING & MIGHWAYS COMMITTEE	9-00	Hoorn		ing					3_	7
18	Corners Committee						<u> </u>		<u> </u>		╬
21	ELVIC SUMBA	11.00			7				<u> </u>	ļ	+
23	HA DUANE PANE	6.00 Pm		-	Å	Park to Appropriate the			 		+
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35 MILES.

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

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

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MEMBERS ALLOWANCES CLAIM

Carre					
Claim for Month of	JUNGE		Name of Member	A. S. WALSH	Pay No. 1
Car (Make/Model)	OJOTA		Registration No.	<u>Exact</u> Cu	bic Capacity <u>1998 (D</u> cc.
Metropolitan Borough Count the rates determined by Bolto	cil; that I have actually on Metropolitan Borou		ments shown on this form; ar	nd that the amounts claimed are st	rictly in accordance with
I declare that the particulars expenses or allowances, or fi	inserted on this form a inancial loss allowance	re correct. Except as shown, I have or attendance allowance in connec	not made, and will not make tion with the duties indicated	, any claim under any enactment fo d on this form.	or travelling or subsistence
(b) I am the holder of a currently Signed	re ar	nd have adequate insurance cov MEMBER		le on Council business. Date 20/1/66	(For Car Allowance claimants only)
Approved		}	Ι	Date	
		FOR OFFICIAL USE OF	NLY (Completed by Comn	nittee & Members Services)	
	Amount £:p	.*	Miles		
* Subsistence Allowance	:	Normal Mileage	109	Details input onto Pa	ayroll system:
Subsistence Allowance (Taxable)	6:77			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.

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

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	Particulars of James 1985			Mode	Miles	Dependent		Fares and	1	Subsiste Allowa	÷
Date-	Description of Approved Duties	Time		of	~ -	Allowa £		Expen £	ses p	£	шсе
	including Locations (From & To)	Departure	Return	Travel	Claimed	£	Р		Ϋ́		Ī
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3 H	PLANNING: - SME VISIDS	11-30 Aug		CAR	7		<u> </u>				+
14	WESTHOUGHTER LOCAL NATIONS RESIDENCE	4 Pm		ENR	7		<u> </u>			<u> </u>	4
1 14	DEVELOPMENT & REGENERATION	4 pm	. <u></u>		Ny.		<u> </u>			<u> </u>	_
5	PLAMMING COMM 177 at	2 Pm			7_		<u> </u>				4
? !	EMVIROUMENT SCRUTINY	SPM		*	7	The second	i Oraș				_
26	Housing P. D.S	10-14		1	7		a de la constante de la consta	Vice miles			_
26	DEVELOPMENT & REGENERATION SCRUTINY	6pm		٠	クノ		100	The second secon			_
in	AVALT COMMERTICE	(0:30 Am					transmission (-
8	PLANNING & Highways - Sins Visins.	10-134			7						_
<u>. 3</u> 28	AUDIT COMMITTER - TRAINING	SPM		~	7						_
28	ADOD FORON - HEATON. LOSTON HVLT	630		-	7					۵)	_
29	PLANNING SHIGHWAYS COMMITTIES	9-30Au	4 pr	~	7					6	_
29	RE-CYCLE & WASTE P. D. 9	6Pm		_	7						_
30	FULL COUNCIL	SPM			7						_
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-	y amounts received by way of Travelling & Subsistence from any other Auth	orities or bod	lies		4027P	F 42	(2)		\rightarrow	0	

on the above dates and give particulars

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

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

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MEMBERS ALLOWANCES CLAIM

Claim for Month of	July	20 <u>06</u>	Name of Member(Block capitals please)	A. S. Wa		Pay No.
Car (Make / Model)	OTOTA		Registration No		Exact Cubic Capacity	<u>1948 (b)</u> cc.
Metropolitan Borough Coun the rates determined by Bolt I declare that the particulars expenses or allowances, or fi	cil; that I have actually on Metropolitan Borou inserted on this form a nancial loss allowance	ed expenditure in travelling and s paid the fares and made other pay gh Council. re correct. Except as shown, I have or attendance allowance in conne d have adequate insurance co MEMBER	yments shown on this form; e not made, and will not ma ction with the duties indicat	and that the amounts of the country	claimed are strictly in accord	lance with
		FOR OFFICIAL USE O	NLY (Completed by Com	nmittee & Members Se	rvices)	•
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount £:p : 13 :54	Normal Mileage	Miles	Details i By: Date:	nput onto Payroll system	

Notes:

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- <u> </u>	Particulars of Journeys			Mode	Miles	Dependent	Carers	Fares and	i other	Subsiste	
Đặt		Tin	ne of	of		Allowa	ınce	Expen	ses	Allowar	
1,444	including Locations (From & To)	Departure	Return	Travel	Claimed	£	p	£	p	£	. p
6	ENVIRONMENT SCRUTIMY	6:00 PM		eAR	~~			<u> </u>			<u> </u>
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į (COUNCIL	7-0014			7						
20	PLANNING SHIGHWAYS - COMMITTED	9.00 AM	4 008kg		2		<u> </u>				27
27	- Do Do	900 m	4-00 Pr		<u> </u>					6	17
. 31	DEVELORMEN & REGENERATION P. D.S ST BENE'S SCHOOL (GARST MEETING)	3 00 An			7		L				<u> </u>
17	ST BEDE'S SCHOOL (GYPST MEETING)	7.3092			5				<u> </u>		<u> </u>
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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\bigcirc		BOLTON METRO	POLITAN BOROU	GH COUNCIL	•
		MEMB	ERS ALLOWANCES	CLAIM	
	TOYOTA.	06	Name of Member (Block capitals please) Registration No	A. S. WALSH. Exact Cubic Co	Pay No
Home Address 5	REYMOLDS	CLOSE.	BLSIAD		
Metropolitan Borough Counc the rates determined by Bolto	il; that I have actually p n Metropolitan Borough	aid the fares and made other p a Council.	ayments shown on this form;	of enabling me to perform duties as a Meml and that the amounts claimed are strictly i	it accordance with
I declare that the particulars it expenses or allowances, or fir	nserted on this form are nancial loss allowance of	correct. Except as shown, I ha r attendance allowance in conr	ve not made, and will not ma ection with the duties indicat	ke, any claim under any enactment for trav ed on this form.	rening of subsistence
(b) I am the holder of a	thence and	have adequate insurance o	over for the use of my veh	nicle on Council business. (For	Car Allowance claimants only)
Signed		MEMBER		Date 15. 06706	
Approved				Date	
· · · · · · · · · · · · · · · · · · ·		FOR OFFICIAL USE	ONLY (Completed by Cor	mmittee & Members Services)	
	Amount		Miles	, .	
	£:p				
* Subsistence Allowance	:	Normal Mileage		Details input onto Payrol	l system:
Subsistence Allowance	:			Bv:	

	Amount		Miles	<i>,</i> •
•	£:p			•
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll syste
Subsistence Allowance (Taxable)	:			Ву:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's				
Allowance	:] [

Notes:

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	Particulars of Journeys			Mode	Miles	Dependen		Fares and		Subsiste	
Date	Description of Approved Duties,	1	e of	of	Claimed	Allow £	ance p	Expet £	ıses p	Allowar £	nce P
	including Locations (From & To)	Departure	Return	Travel			P		P		<u> </u>
1	D&R SCRUTINY-AGENDA	10-00		CAR	y		<u> </u>		<u>:</u>		<u> </u>
7	MEMBERS QULY- HEATONLOSTOCK HULTON	3-00PM			7		-				
8	ALP D. P.	12.00			7		<u> </u>				<u> </u>
8	Re-Cras & WASTE P. D. G	3.00 RM		,	7		<u> </u>	,	<u> </u>		<u> </u>
10	RECYCLE & WASTE P. D.C. PERMAINS & HIGH WAYS COMMITTERS	9:00	4.30 Pm		>					6	1
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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.

Car Claim Forms for Members.XLS 28/09/2006

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MEMBERS ALLOWANCES CLAIM

Claim for Month of	S:F7 20 4	<u> </u>	ame of Member	A. S. WALSH	Pay No.
Car (Make/Model)	YOTA	•	lock capitals please) egistration No.	Exact Cubic	Capacity
Home Address 5	REYNOLDS C	Lose BLS	IMD		
Metropolitan Borough Counciling the rates determined by Bolto	ril; that I have actually paid on Metropolitan Borough (inserted on this form are con nancial loss allowance or a	I the fares and made other paymon Council. Orrect. Except as shown, I have no ttendance allowance in connection	ents shown on this form ot made, and will not m on with the duties indica		III accordance with
	I	OR OFFICIAL USE ON	LY (Completed by Co	mmittee & Members Services)	
	Amount £:p		Miles		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement	: 13 :54 :	Normal Mileage	105	Details input onto Payro By: CM Date: 2411010	
(e.g. Car Park, taxis) Dependent Carer's Allowance	:				

Notes:

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Date	Particulars of Journeys Description of Approved Duties,	Tim		Mode of	Miles Claimed	Dependent Allowa £		Fares and other Expenses £ p		Subsist Allowa £	
24.0	including Locations (From & To)	Departure	Return	Travel	Claimed		<u> </u>				1
5	N. R. STRATEGY (LANCS)	5 colm		CAR			<u> </u>	 			
6	Council	7.00 Fig					<u> </u>	<u> </u>	:		+
12	Re Cycles WASTE P. D.G	330PM			Z						-
14	PUBLIC ART. STEAR GF	2-00 PM			Z		<u> </u>	<u> </u>			<u> </u>
19	Der l REGER SCRUTINY (ADSIMON)	10.00			2		 		 		
	AUDIT COMMITTUE	1.00/11			7_		<u> </u>		<u> </u>		
20	ARIA FORUM	6:30/4	>		7				<u> </u>		_
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21		12.00			7						<u> </u>
26	,	4.45 Pm			7	*"	,	,	<u> </u>		ᆜ
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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

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MEMBERS ALLOWANCES CLAIM

Claim for Month of	OC1 20 06	Name o	of Member	S. WALSH	Pay No
		(Block cap	itals please)	· ·	1005/2
Car (Make/Model)	1070TA-	Registr	ation No.	Exact Cubic C	Capacity 77905
Home Address5	REY HOLDS	CLOSE B	15 IAD	,	
the rates determined by Bolto	ril; that I have actually paid the far on Metropolitan Borough Council.	es and made other payments st	nown on this form; and that	the amounts claimed are surely	, .
I declare that the particulars in expenses or allowances, or fi	inserted on this form are correct. F nancial loss allowance or attendan	xcept as shown, I have not mad ce allowance in connection with	le, and will not make, any c 1 the duties indicated on thi	laim under any enactment for tra s form.	welling or subsistence
(b) I am the holder of a curre	<u> </u>	equate insurance cover for t	he use of my vehicle on (Council business. (For	Car Allowance claimants only)
Approved			Date_		
	FOR C	FFICIAL USE ONLY (Completed by Committee	& Members Services)	
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	Amount £:p : 13 :54 13 :54	Iormal Mileage	Miles 84 4 133	Details input onto Payro By: CM Date: 7.12.06	ll system:

Notes:

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	Particulars of Journeys			Mode	Miles	Dependent	Carers	Fares and	other	Subsiste	ince
	Description of Approved Duties,	Tim	e of	of		Allowa	ınce	Expen		Allowa	nce
Date	including Locations (From & To)	· Departure	Return	Travel	Claimed	£	ŗ	£	p	£	p
5	PLANNING & MIGH WAYS COMMITTEE	8-00	5:08M	CAR	7					6	177
11	HULTON LANE M.AT	1.00 Pm			2		<u>!</u>				<u> </u>
1)	EHVIROHMEN? SCRUPINY	6.0084		,	7						<u> </u>
16	FORUM - CHAIRS & V- CHAIRE	6:00 PM			<u>フ</u>						My
19	PLAMPING & HIGHWAYS - COMMITTEE	9.00	5.00Pm		7_	 	<u> </u>			6	<u> </u>
20	Single L. Soint e.C.	9.30			7		┼				<u> </u>
31	Re-Cycle P.D.G	3.30									<u> </u>
	A FRONDABLE WARMTH S.	6.30			-	<u> </u>	<u> </u>				<u> </u>
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	unts received by way of Travelling & Subsistence from any other Au	_		•	49	19	69	_		13	54

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DBY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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~mbers Services for authorisation.

MEMBERS ALLOWANCES CLAIM

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Claim for Month of	<u>Hov</u> 2	··· 	ame of Member	A. S. WALSH. Pay No. 1	
	OJOTA		egistration No	Exact Cubic Capacity 1998 D	cc.
(a) I declare that I have actually	and necessarily incurre cil; that I have actually]	paid the fares and made other paym	agreence for the barbose o	llow, BL5 i HD f enabling me to perform duties as a Member of the Bolton and that the amounts claimed are strictly in accordance with	
I declare that the particulars expenses or allowances, or fi	inserted on this form ar nancial loss allowance o	e correct. Except as shown, I have n or attendance allowance in connecti	ot made, and will not ma on with the duties indicat	ke, any claim under any enactment for travelling or subsistence red on this form.	
(b) I am the holder of a curre	e and	d have adequate insurance cove	r for the use of my veh	icle on Council business. (For Car Allowance claimants Date 6/12/06	only)
Approved		_		Date	
		FOR OFFICIAL USE ON	I LY (Completed by Con	nmittee & Members Services)	
	Amount		Miles	·	
* Subsistence Allowance	£:p	Normal Mileage	84	Details input onto Payroll system:	
Subsistence Allowance (Taxable)	13:54			Ву:	
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:	·
Dependent Carer's Allowance					

Notes:

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

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



	Particulars O.S.C.		. •	Mode	Miles	Dependent Carers				Subsiste Allowa	
)ate	Description of Approved Duties,	Time	1	of	Claimed	Allowai £	nce g	Expen £		£ £	mce T
	including Locations (From & To)	Departure	Return	Travel		E	P				T
1	HULTON LAME WALLEY	10:00		CAR	7			`			╀
2	CAPAS LIAGRA	6.00			7			-			+
2	PLANNING & HIGHWAYS COMMITTEE	9.00	50084		7					6	12
Z	IMPORME COUNCIL	4.45Pm		,	7			1		<u> </u>	<u> </u>
7	DEN & REGEN SCRUTINY/ AGENDA)	10:00		****	7			!			+
8	HISTOR, LOSTORN & HULTON - FORUM	6-308m		.~	7			'			<u> </u>
9	P&M. TRAINING	12,00			7				<u> </u>		╀
14	HOUSING P.D.C	9.30			7			. 1			-
16	P&H _ 317E VISITS	900	5.00		7			. !		6	1
20	DEN & REGEN Serving	6.00 PM			2						-
23	PUBLIC ART S. GF	7 2-0084			7		<u> </u>	1	-		4
Zs	CHILDRENS SERVICES	1400							<u> </u>		╀
30	PhH - CommiTTELS	1.0084			7		<u> </u>				1
3							<u> </u>	<u> </u>	<u> </u>		-
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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.

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		BULIUN	MEIRU	rulitan bui	toodii o	CONCIL	;	
4			MEMBI	ERS ALLOWAN	CES CLAIM	[
Chaint for Month of	NODA.	20 <u>06</u>		Name of Member (Block capitals please) Registration No.	Cirk	ALAM	S. WALS4 Exact Cubic Capa	Pay Nocc.
Home Address 5	REYMOLDS	CLOSE	BX	5 1HD				
DECLARATION: (a) I declare that I have actually Metropolitan Borough Counthe rates determined by Bolto I declare that the particulars expenses or allowances, or fi	cil; that I have actua on Metropolitan Bor inserted on this for	lly paid the fares and i ough Council. n are correct. Except as	made other pa s shown, I har	ryments shown on this we not made, and will r	form; änd that t not make, any cla	he amounts c aim under any	laimed are strictly in ac	cordance with
(b) I am the holder of a curre			insurance co				ness. (For Car	Allowance claimants only)
Approved _					Date			
		FOR OFFIC	IAL USE (ONLY (Completed l	by Committee &	Members Se	rvices)	•
	Amount			Mile	es	,		

	Amount	•	Miles	
	£:p		77	e e e e e e e e e e e e e e e e e e e
* Subsistence Allowance	:	Normal Mileage	73.	Details input onto Payroll system:
Subsistence Allowance (Taxable)	;			By: CM
Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 25.1.07
Dependent Carer's Allowance	1291351	ra,	,	

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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	Acres de	45.0	100	

	Particulars of Journeys	<u></u>	·.	Mode	Miles	Dependent	Carers	Fares and other	Subsistence
D-4-	Description of Approved Duties,	Tim	e of	of		Allowa	nce	Expenses	Allowance
Date	including Locations (From & To)	Departure	Return	Travel	Claimed	£	р	£ p	£ p
4	EMFORMAN COUNCIL	5-158m	-	CAR	7		<u> </u>		
45	VISION CONFENERCE	9-00			10	1		5	<u> </u>
6	AUDIT COMMITTER	9.00			フ				/
	PLAMMING - TRADHING	12-00			フ			<u> </u>	
8	POLICE STATION - SCHOLEY ST	12.00	-		7		<u> </u>		
	HOUSING P. D.S & CX-CAMBIDATES	9.00			7		<u> </u>		<u> </u>
/3	Fuer Cooner	7.00 Pm			<u>Z</u>		<u>!}</u>		
14	PLANNING & HIGHWAYS COMA	2.0084			2		<u> </u>	/	/
19	RECYCLE P.D.C	3.3084			7			(
20	CUTALRE LIASON (REMIOLOGY)	1-00 PM		-	7		<u> </u>)
							<u>) </u>)
		****				/	<u> </u>		
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						. "			
				_ 	100	n a	22		
D 1	amounts received by way of Travelling & Subsistence from any other Auth	orities or boo	dies		73	1/1	90		

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

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		MEMBE	K5 ALLOWANCE	9 CLAUNI	
Claim for Month ofCar (Make/Model)	SuonA.	20 <u>07</u>	Name of Member (Block capitals please) Registration No	CLR.	Exact Cubic Capacity 1390 cc.
Home Address 5	REYMOLOS	CLOSE BLS	THD		
Metropolitan Borough Coun the rates determined by Bolt I declare that the particulars	cil; that I have actually p ton Metropolitan Boroug inserted on this form ar inancial loss allowance o	paid the fares and made other pay gh Council.	e not made, and will not network the trade, and will not network the duties indicated in the duties indicated in the duties indicated in the duties indicated in the duties in the dutie	n; and that the ar nake, any claim u ated on this form	,
		FOR OFFICIAL USE O	NLY (Completed by C	ommittee & Mer	nbers Services)
	Amount		Miles		
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement	6:77	Normal Mileage	81		Details input onto Payroll system: By:
(e.g. Car Park, taxis)				I	Date:
Dependent Carer's	1		1		

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.

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	Particulars of Journeys		.,	Mode	Miles	Dependen Allow		Fares an		Subsist Allowa	1
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	£	P	£	P	£	P
8th.	0.07	4-00PM		CAR	7	_	<u> </u>	<u> </u>	<u>!</u>		╬—
9#	RECTCHE & WASTE P.D.S	4308m			フ					<u></u>	
-	NOTO TO STATE OF THE STATE OF T	10.40			>		 		1		1
10	- SITE VISITS -	9.00	SwiM		>				<u> </u>	6	·77
11		6.00th			4				<u> </u>	ļ	
11	Ding & REGION - AGENDA	10:00			7	<u> </u>		<u> </u>		<u> </u>	
16		3.00fm			7	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	
<u>i7</u>	SCHOOL PLACES	12.00			>				<u> </u>	 	
18	SULLY ENVIRONMENT & RECYCLE P.DS	4.30Pm			7			<u> </u>	<u> </u>	<u> </u>	-
23		6.30m		<u></u>	7			<u> </u>	<u> </u>	<u> </u>	┿
24	HUATON & HULTON FORUM	60010		_	>					<u> </u>	 -
29	DEN & REGEN SCRUTING	5.08m		T	フ	<u> </u>			_	<u> </u>	-
31	INFORMAL COUNCIL	1		-		<u> </u>	<u> </u>				 -
					81	 2.,	<u> </u>		<u> </u>	<u> </u>	-
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									<u> </u>		
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		<u> </u>	<u> </u>		32.52	/				1	5 147
	CT 1 Subsistance from any other Au	thorities or he	ndies		27.26	7					

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 r horisation.

MEMBERS ALLOWANCES CLAIM

N1								
Claim for Month of	FUB,	20 <u>07</u>		CLLR.	ALAM	J. WALSH Pay	No.	<u>L</u>
Car (Make/Model)	NonA.		(Block capitals please) Registration No.		<u>Exa</u>	ct Cubic Capacity	390 cc.	
Home Address_	REZHOLDS	CLOSI BL	SIHD					
the rates determined by Bolt I declare that the particulars	cil; that I have actually on Metropolitan Boro inserted on this form	y paid the fares and made other p	eayments shown on this form ave not made, and will not m	n; and that the ar nake, any claim u	nounts claimed : inder any enactn	are strictly in accordance v	with	
(b) I am the holder of a cursing signed			•			(For Car Allowance	: claimants only)	
		FOR OFFICIAL USE	ONLY (Completed by Co	mmittee & Mer	nbers Services)			
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount £:p :54.	Normal Mileage	Miles 77 158	. E	Details input or by: CM Date: 6.3	nto 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.

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	Particulars of Journeys			Mode	Miles	Dependen		Fares and		Subsiste Allowa	
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	Allow £	ance p	Exper £	p:	£	p !
	PLANNING & HIGH WAYS- TRAINING	12-20		CAR	7						
-51	CORTORATE ISSUES SCAUS	6.00 Am			7				<u> </u>		<u> </u>
6	MARYLAMA HILL (LOYALS) TRAFFIC	4.00Pm			7	<u> </u>	i				<u> </u>
7	Europe Schuz	6.00 PM			7		<u>i </u>				برريد
8	PRAMMING & MIGHWAYS COMMITTER	10:00	45.008M		7_		<u> </u>	<u> </u>			1./
15	PARY SCHOOL- MANAGE MEN	4.00Pm		,			<u> </u>		<u> </u>		<u> </u>
20	RECIONE & WASTE P.D.S	3.00/m			7		1				
21	Parkare	7-008n			7	<u> </u>	<u> </u>			6	izz
22	PLAMMING & MIGHWAYS - COMMITTIES	1000	5.00Pm		7	• .	-				1
26	MONBERS QULY HOATHER & HULTUR FURUM	Aropa			 	<u> </u>					
28	COUNCIL	7:00 PM		<u> </u>		†	-				
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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 a norisation.

9 Hd

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Car (Make/Model)	MARCH ShowA.	20 <u>0 7</u>	Name of Member	CLLR.	Exact Cubic Capacity 1390 cc.	
Metropolitan Borough Cour the rates determined by Boli I declare that the particulars expenses or allowances, or f	ncil; that I have actua ton Metropolitan Bor i inserted on this forn inancial loss allowar	urred expenditure in travelling and ly paid the fares and made other cough Council.	payments shown on this for ave not made, and will not n nection with the duties indic	n; ấnd that the amor nake, any claim und ated on this form.	•	
		FOR OFFICIAL USE	ONLY (Completed by C	ommittee & Membe	vers Services)	
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount £:p : 6:77	Normal Mileage	Miles 70	Ву:	tails input onto Payroll system: CM BOLTOVA te: 30.5.07 PENSION (//BC

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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Particulars of Journeys Description of Approved Duties, including Locations (From & To) SCRUT HOUSING RD-G P&H-SITE VISITS P&H-COMMITTEE Domes Tie ABUSE (T.T.C)	Departure 1.00 Bu 9.15 Am 9.30 Am 10.00 fu 2.00 fu 10.00 fu	Return 4 cols	of Travel	Claimed 7 7 7 7	Allowan £	p p	£	p p	Allowa £	P
including Locations (From & To) USTAIN DEN. SCRUT HOUSING P. D. G P&H - SITE VISITS P&H - SITE VISITS P&H - COMMITTEE DOMES TIC ABUSE (T.I.C)	1.00 Bu 9.15 Am 9.30 Am 10.00 Am 2.00 Fu	4-cala		7 7 7						
Housing P. D. G P&H - SITE VISITS P&H - SITE VISITS P&H - COMMITTEE DOMES TIC ABUSE (T.I.C)	9.30 Am 10 20 Am 2-20 Fe	4-ials		ラ フ						<u> </u>
Housing P. D. G P&H - SITE VISITS P&H - SITE VISITS P&H - COMMITTEE DOMESTIC ABUSE (T.I.C)	9.30 Am 10 00 Am 2-00 fe	4-ials	-	7						-
P&H - 317 VISITS P&H- COMMITTEE DOMESTIC ABUSE (T.I.C)	10 warm					,	1		_	1
P&H- COMMITTEE DOMESTIC ABUSE (T.I.C)	2-work			_			<u> </u>		6	177
Domes Tie ABUSE (T.I.C)				7						+
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	6.00 Are			>						+
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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	DOF.	- •	A TOTAL CLAI	M	
The state of the s	• .	MEMBERS ALLOW	ANCES CLA	IN R. WHIE	Pay No
		Name of Mer	nber		
Claim for Month of MAY & So	20 0 0	(Block capitals ple	ase)	Exact Cubic Co	apacity 1800cc.
Claim for Month of	10 60	Registration	No.		
Claim for Month of TOND Mo	NI) EO	212 541			
Car (Marc)	MORLE & DO	LTON BLZ SHT			m to a
Home Address 1901	100400		d	abling me to perform duties as a Mer	nber of the Bolton or in accordance with
TICLARATION:	incurred expenditur	e in travelling and subsistence for	n on this form; and	that the amounts claimed are strict	y Live
Home Address 72 000 DECLARATION: (a) I declare that I have actually and no Motropolitan Borough Council; the	ecessarily incurred the fares	s and made other payments		abling me to perform duties as a Mer that the amounts claimed are strictly any claim under any enactment for t	ravelling or subsistence
Metropolitan Borough Country	etropolitan Borough Council.	eant as shown, I have not made, a	and will not make,	on this form.	
the faces dose	ted on this form are correct. By	e allowance in connection with th	e dunes morester	any claim under any enactment for to this form. e on Council business. (For the council business)	or Car Allowance claimants only)
Metropolitan Borough Control Metropolitan Bor	ial loss anoward	e allowance in connection when	use of my vehicle	26 Juns 2006	•
(b) I am the	dicence and move	•	מ	nate 36 JUNU 7006	
	M	IEMBER	p	Date 30 06 06	
Signed		_			
Approved		OFFICIAL USE ONLY (Completed by Comm	nittee & Members Services)	
	FOR	JFFICIAL DO	Miles		
	Amount		105	Details input onto Pa	yroll system:
\.	£:p	Normal Mileage	10-		
* Subsistence Allowance	(2)			ву:	
Subsistence Allowance	40:02			Date:	
(Taxable) Travel Reimbursement	:				
(e.g. Car Park, taxis)					
Dependent Carer's			ı		

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

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	Particulars of Journeys	7:	£	Mode of	Miles	Depender Allow		Fares and Exper	1	Subsist Allowa	
Date	Description of Approved Duties, including Locations (From & To)	Departure	e of Return	Travel	Claimed	£	Р	£	p :	£	P
MAY					ļ						
SUNE	MILLETTO TAPUSLUNG TO + FLOOT LARGE OF				<u> </u>		<u> </u>				┿
	WORK - I AS POR AMARUON BOAM.			CAR	105	<u> </u>	<u> </u>				┿-
1 ;			17			<u> </u>	-		<u> </u>		44
22/5/06	EAST BOUTON MECHIL + TOWN HAVE MECHINI TO PORIGH	9-15	16.00						<u> </u>	0	MEA
23/5/06	EYEC. BRIEFING + TOWN HAVE PLOETINGS	9.15	17-30					and the second second		0	47
-1//											MM
19/6/06	ELEC BAIEMAL + MAMORAL OFFICE METINES	9-15	18.00				, interesting	e camera and		0.	7 / 0M
2/1/06	HR DEPT BAIEFINGS	9.15	17.00				1	- Address and the second		-6	1//
6/8/06	Exec. PANEVINC + TOWN HAVE VERTINO	10.00	15.30			1		. However,		6	7/
011/01	HR DEPT BAILTINGS EXEC. BAILTING + TOWN HAVE VERTINGS H.A. REPT VER APP. + THAN IN COMES + SPENDER.	9.00	17-00				·			6_	1/7
17											<u> </u>
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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.

Car travelling expenses claim

Name:	ANN WH	410	Month: MAY + JUNG 2000	/	· -7
	lome/Town Hall	Mileage	Business journey description	Mileage	_
21/5/06 +	- REPURN	M	MAYDARE SUNDAY		_
1:1:	- RUSIUNN	7	TOWN HALL + KASI BOLLON		
23/5/06 +	-REJUNN	7	BHGE BRIGHAL + BOLTON PLAN		
1.1	- REJULY	7	Yarit Senure MERTINC + IFR PORIETING		_
			i ill tour of the		_
15/0/06 +	-REJURN	7	MAYORS OFACO + LEAR BOUTON		_
7.7.	- RENOW	7	Little PARLETIAL + MAYOUS PARLOWA		_
20/6/00 +	-RETURN	7	LADS + GIRLS COUB		· -
14/6/06 +	- CROIN	7	H-C.P. MORTING + HA INDUCTION		-
777	- ILIURN	7	HA DEM INDUCTION VACANCE		-
7777	- 161010	7	- u		
1,11	- KENULU	7	Etec Ponierini	·	
	- Reluid	7	LICTENV. COMMINOR		
116/2	COOW	7	HR Executive Hemson MEETING	·	
777	PORIS	7	PLANKING HS FUB L. BYRNE		
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Allowance					
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Name of Member -	Exact Cubic -1
Name of Name o	
2000 Registration No.	
Name (Block capitals please) Registration No.	
Registration	of the Bolton
Claim for Month of Toon Now 050 OI Por ON BLZ SHT	wites as a Member of American with
Claim for the Took Took Took Took Took	a to perform address trictly in account
redell form	anounts claimed and aictence
Car (Make/Modal) Mich Towns for the	purpose and that the day of subsister
Claim for Month of JOHN MORO Rd BOLON BLZ SHT Car (Make / Model) TORD MORO Rd BOLON BLZ SHT Tayelling and subsistence for the manufacture of the	this form enactment for Have
14ress	any claim under any
Claim for Month of Car (Make / Model) Car (M	will not make, any claim under any enactment will not make any claim under any enactment will not be a supplied to the contract of the cont
TARATION: actually and necessary paid actually paid actually paid in the decimal of the paid in	raties indicated on A. Amess.
DECLARISE that I have action with the Brough Council; that I have a connection with the	ricle on Council push 2000 (
(a) I decide Borough Bolton Menor	se of my venice 18
Claim for Month of Car (Make / Model) Car (M	Date
Car (Make / Model) OCIO MC Home Address Declaration: Declaration: Declaration: Declaration: Declaration: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the face and made other payments shown on Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on Metropolitan Borough Council. Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on Metropolitan Borough Council. Metropolitan Borough Council. Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and 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 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 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 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 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 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 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 the rates determined by Bolton Metropolitan Borough Council.	
I declare and have a	Date
DECLARATION: DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travel. Metropolitan Borough Council; that I have actually paid the fares and made other payments. Metropolitan Borough Council. Metropolitan	there Services)
(b) I am the he	Completed by Committee & Members Services) Miles Details input onto Payroll system:
(b) Tam.	Completed by Communication of the Co
Signed OFFICIAL USE ONLI (Miles Miles Details input onto Payroll system:
FOR OFFICIAL	netails input onto
Approved	1 14 1
	By: Ces
Amount £:P Normal Mileage	7/0/
£:P Normal Name	Date: 3/8/06
	Dates
* Subsistence Allowance \\ \(\square \)	
* Subsistence Allowance Subsistence Allowance :	
Subsistence And	are than 5 hours.
(Taxable) Travel Reimbursement Travel (Razis)	I are away for more
Travel Reimbursen	comployment, AND your
Travel Remits (e.g. Car Park, taxis) (e.g. Car Carer's	the normal place of emparance.
(e.g. Car Parks III) Dependent Carer's Dependent Carer's	an 5 miles from the Tax & National History
Allowance Allowance Allowance Adduction of	both Income in whorised
riding it is linked to a	is signed and aurillo
non-taxable provided will be subject	mugt be bottl sale
Notes: Notes:	on 5 miles from the normal place of employment, AND you are away for more than 5 hours. If both Income Tax & National Insurance. Sore delayed.

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

If any details are missing, the form will be returned and payment therefore delayed. Subsistence Allowance is paid non-taxable providing it is lin
 In all other circumstances, the reimbursement will be s

	Particulars of Journeys			Mode	Miles	Depender		Fares and		Subsis Allow	1
20.	Description of Approved Duties,	Tin	e of .	of	CT 11	Allow £	rance p	£	p	£	р
Date	including Locations (From & To)	Departure	Return	Travel	Claimed	<u> </u>	i		<u> </u>		
JULY	My LOES (I AMEN HOME TO WORN + KETURN (ACADIED)				104		_	,			
5067	MILETER CLAIMON DUAINE COURS OF DUTIES (AMARITO)			<u> </u>	65						
		11 011	14,30			ļ			<u> </u>	6	72
7 July	Executive Presence + THAN Sanuco	14mz 9.15	14-30	 	 		-		 	6	7.2
107007	Exec Back+DE17 + BEMITS	1.	11/20			ļ			<u> </u>		12
10 3007	DIAGRAN +IHR PAG + 775 + PAMM SCHOOL	Hone 8-30	17-30						<u> </u>	6	
12 JULY	Exercises Bosines + NOP? BUEFINED	Hro 4-30	16-00				<u> </u>		ļ	0	22
14 JULY	Execusive Busines + NOP? BUEFINEP Exec BUER + DEA?	Hors 9.30	15-00							6	72
17500	Ette BUEF FIRE !		17-45	<u> </u>			T .			6	72
18 July	Comments LADIS + Cic ENV. Commer + MINECTON DW	1600 8-45	16.00	-						6	クス
21 Jour	DEM PATERINES + VISIOS + TONG WHOM SUREL CONTRA	100047	1/0-0	-							
				 							
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	Calculations from any other Aut	t	n dian		1169	4			į	41	0 "{

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

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

'o Committee and Members Services for authorisation.

	Particulars of Journeys	Tim	o of	Mode of	Miles	Depende Allov	nt Carers vance	Fares an Expe		Allowa	ruce
Date	Description of Approved Duties,	Departure	Return	Travel	Claimed	£	P	£	P	£	P
	MILEARS CLAMEN HOME TO WORN + RETURN /AFAULD)				104			ļ			 -
JULY_	MILEARE CLAMED HOME TO WHAT FREMEND)				65						<u> </u>
Juin	MILLIAGE CLAMEN PURING GUASU OF DUTIES (AMARITAD)										
		01 Ct 15	14.23	 	1		<u> </u>			6	172
7 July	Kteenins Parsiners + Miller Senuco	HW-9-13	14-30		 	 		1		6	72
1071.04	KLEG BACK + DEM + BEMITS	, , , , <u> </u>	17-00	<u> </u>			_			6	22
12 July	DIAGRAPH FIFR PAC + TYS + PANN X400C	, , , , _ ,	17-30		ļ						12
	Executive Busines + NOPT BUEFULL	Hora 9-30	16-00							6	17-2
14 5007	Exer BACK + DEAT	16269.30	15-00								.72
175027	Comments Endin + tic ENU. Common + MINECTON DW	1 tory 9-30	17-45		:		<u> </u>			6	
18 Juin	COMMENTS LAMOS FUE ENV. CONTROLE FROM MALINE	1600 8-45	16.00							6	クフ
217009	DEM BATERINGS + VISIAS + TONG WHOM SUREL LEAKER		 								
			 		 						
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					1.00					1,19	Ol
			- dina		169					41	

many amounts received by way of Travelling & Subsistence from any other Authorities or bodies dates and give particulars

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

[`]a Committee and Members Services for authorisation.

Car travelling expenses claim

Name: F. R. W.	4110	Month: July 2001	
Date Home/Tow		Business journey description	347
320 + RETURN	7		Mileage
3AD + REPURN		EXEC BREF. + DEPT. BALEFINL	
	7	CORPORME ASPUBLIS SCRUTTARY COMMITTEE	
		CASONS HALL CEMENT PROPERTY	
7/1 + REDIN		Ktec. Business + Tour three Sons MEMORIAL	
10 mt + REDURN	17	ETEC BREAK + DENT BRIEFING	
104	·	MANUE TO BENIAS MEETING ROT TO THERE	7
1210 + KETUAN		HRPDG+TY.S. + PAN School	
13 m + Resuna		ENVINON. H.A. BNEF	, ·
134 Hone+Res		TONIC MOOR SCHOOL GIVENULF	4
1471+ + RETORN	7	DEP2 VIII + BRIEFINGS	ļ <u>*</u>
17 11 + RENOW	7	Exec BANES + DEM BANCE	
17en + Revoin	17	Con. 1 HORIN DIVERTY	
1874 + REVEN	7	COMMUN. RAMIS LIC ENV. CONT + D.W.	
19m House RET.		BEMAS INGLUEUS	
19- + RETURN	. 7	H.R. EXEC. MOGING	7
19 + RENOW	7	Covacu Meterial	
200 Horce RET		DEPT. BRIGARIS IN CASTO LICE	1,
201 How ther.		Fovener Mexica Chains	1
2157 + REFUL	7 1	DEPT BAILTINGS + T/MOON LEAVEND	
2411 Hove + Res	1	AST BOOM PCT PROSOMETION	
	7	Exercise	4
24 + Renix 2681 Honer Res	1		7/
28m Horother	/4	N. ENRUTOR GNF JJB NICON EAST BELLON ATTAMEN GONS	36
1,00,100,		THE WATER HALLING WON!	4
Total Mileage	10/		
@ rate	104		65
Allowance			
- mowanico			

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x July 2006

MEMBERS ALLOWANCES CLAIM KRANG R. WILLIE Name of Member Claim for Month of Exact Cubic Capacity 180) (Block capitals please) Registration No. Car (Make/Model) (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 DECLARATION: 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 of allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (For Car Allowance claimants only) ing licence and have adequate insurance cover for the use of my vehicle on Council business. (b) I am t **MEMBER** Signed Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

1	Amount		Miles	•
A37	£:p	Normal Mileage	76.	Details input onto Payroll system:
* Subsistence Allowance	00.16	•	ļ	
Subsistence Allowance	20:16			Ву:
(Taxable)				
Travel Reimbursement (e.g. Car Park, taxis)	;			Date:
Dependent Carer's				·
Allowance	;		i	•

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	Depender	nt Carers	Fares an		Subsiste Allowa	
	Particulars of Journeys	Tim	e of	of		Allow	rance	Expe	1	£	p
Date	Description of Approved Duties,	Departure	Return	Travel	Claimed	£	P	£	P		- P
	including Locations (From & To)	Departure	,				I				
Aveun	Description of Approved Duties, including Locations (From & To) MILLAGE BON PANGES BUNKARY HEAVEN (DESCRIPTION OF HEAVEN)				60						
HVWY	Describe of instartion				69	<u> </u>					
	110/1/CCV - 1 1/1/11							<u> </u>			+
	City Da and Marcan				7						
Aulis1	MILLERE IN COURT OF BUSINESS HOLLING			 	 			1			
	(MENTHUED ON WANKERD)										Į
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14/8/06	HAR MEDINE PARERDOURNE HET + MEDINE WAY PENSYON BALEFINE						,				
T		<u> </u>	سين را							0	72
naldos	H.D. BULL WEARPORCE REAN + ENVIRONT REMINE + EXEC.	9.15	4.15			No.		er en			
2//8/00	17.9. AICH WERRY WERE						Consult Statement		<u>;</u>	18	72
	Manuel - Kellange	9.00	3-15					_	_	10	
31/8/06	H. R. MEERNE + COMMUNITY CORESON PRECIONE + EXECURES	 					İ				_
17		<u> </u>								<u> </u>	
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	A Collector of from any other Aut				176)-				20	

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 travelling expenses claim

Nama		1./.	126	
Name:	MAN'N Home/Town	MHITE	Month: Avaust	· · · · · · · · · · · · · · · · · · ·
Date	Home/Town Hall	Mileage	Business journey description	Mileage
7/8/06	+ RENUN	7	Exercise BRIGHNG	
98/06	+ RETURN	7	Touce Housing Manager - H. R. C. MARA HOUSE	
14/8/06	+ Reman	7	HALIYGUNC - PENSONS Del7 -	
15/8/06	+ form	7	VS Town HACE	
16/8/06	+ fervar	7	H.R. MECHAC - KHCC.	
17/8/06	+ Revan	2	IMEAMINH GOUS	
	+ Revin		GIY FIRE -PRINCES TRUST PRESENTION	7
	+ ROYVAN	7	SLTCC	<u> </u>
777	+ RETURN	7	H.R. Mount + KONEMION TON + EXEC.	
	+ ROWW	6	YOM CLUB PERINC CHRICHILL	•
1/8/06	+ Resuaw	7	GROWHALHA - COHKISON HEETING	
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otal Mile	age /	69		7
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BOLTON METROPOLITAN BOROUGH COUNCIL MEMBERS ALLOWANCES CLAIM 20 B B JOTOBER Name of Member Claim for Month of (Block capitals please) Exact Cubic Capacity Registration No. Car (Make / Model) BOLLON BLA **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 of allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) (b) I am the **MEMBER** Signed Approved

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

	Amount		Miles	
* Subsistence Allowance Subsistence Allowance (Taxable)	13 : MT : E:b	Normal Mileage	127	Details input onto Payroll system:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 1. No 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.

Dependent Carers Fares and other Subsistence Miles Mode Particulars of Journeys Allowance Expenses Allowance of Time of Description of Approved Duties, Date £ Travel Claimed Return Departure including Locations (From & To) , CAR Wilnellen DC1. 50 CAR ILEMES DURING COURSE OF DUTIES Horse 10.00 Horse 1600 AME-9-00 Hove 19-00 H.R. HEER & EtEC. PONCHIAL + CON ZSIVE SCURNY

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.

Car travelling expenses claim

		1	 -					-				· - T				- ,	 -	-	 	,	,	 		 			
	Mileage			#		1/2	7	#		&	2														20		
Month: 64100 (2)	Bus	KAS POLTON + HEBERT HAIL CONCURT + 1 THYSIS CONCURT	DAKEBAHA + Exec. Ball + GARS. + POWD 17	Corset Har Yout Cas Commons	DAECTON + SOUT RUBLE + FALL IT.A.	Low Leviernos Luxa Marinary + Brown	Ex Bull + Frec	BOWS CASIL HILL	1	7.75. Lange New Borgy	S/K 5,CC.	LIC + EW CONTING	(OV WILL	BLACK + ASAN AGHENENIN HALLING		LOCAL CAMMINY RADIOS FUNDED BANDS											
116	Mileage	Ž,	7		7		, 7		1		1	L,	4	6	2	£									7	•	
Paris Merre	Home/Town	+ RETURN	+ Reman	1 ARTURY	+ Return	+ NETVAL	+ Relain	+ Across	+ Return	+ Remin	+ Kerux	+ Reinn	+ Remin	+ RENN	+ Rejust	+ Cerval							-		leage	J	င္င
Name:	Date	67u	911	10714	1/704	12RL	16rd	17.0	18	22	20,	24	35	27	30%	31									Total Mileage	@ rate	Allowance

9006

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BOLTON METROPOLITAN BOROUGH COUNCIL

	MEMBERS ALLOWANCES CLAIM	
Claim for Month of November 2006 Car (Make/Model) FORD GONDEO Home Address 23 Dovember RJ	Name of Member (Block capitals please) Registration No. Exact Cubic Capacity BL2 547	Pay No
Metropolitan Borough Council; that I have actually paid the fares the rates determined by Bolton Metropolitan Borough Council.	re in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the sand made other payments shown on this form; and that the amounts claimed are strictly in accord	
(b) I am to the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance of the local loss allowance or attendance or atte	cept as shown, I have not made, and will not make, any claim under any enactment for travelling or allowance in connection with the duties indicated on this form. quate insurance cover for the use of my vehicle on Council business. (For Car Allowance Date 4 100 100)	owance claimants only)
Approved	FFICIAL USE ONLY (Completed by Committee & Members Services)	
TOK OI	A TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF TH	

	Amount		Miles	
* Subsistence Allowance Subsistence Allowance (Taxable)	£:p : 26 :88.	Normal Mileage	226.	Details input onto Payroll system:
Travel Reimbursement (e.g. Car Park, taxis)	:	1		Date: 6.12.06
Dependent Carer's				
Allowance	:			

Notes:

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

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



	Particulars of Journeys	Tim	ne of	Mode of	Miles	Depender Allow		Fares and		Subsist Allow	
NoV.	Description of Approved Duties, including Locations (From & To)	Departure	Return	Travel	Claimed	£	P	£	p	£	р
1-30	MILEGES Home To TOWN HALL (Sincer AMERY)				126						<u> </u>
	^				100				1		
3014	MILEGRED DURING COURSE OF DUTTES (SOO AMME	2		***	100						
β		1/2.4.820	1/201701				<u> </u>			6	72
13 NOV			1/5-161700			<u> </u>			1	<u> </u>	72
BNOV	PAREN EVENING NEWS 17490AM YOUR + DINKERON PAGE BUCT	forto 10.00	Hours 1630						i i	8	72
24 NOV			1/22/1600					<u> </u>	<u> </u>		
27 NOV	EXEC PRIVED + HR DESPIET + STAN CHAMBER + SCRUTING	620930	16x1 1700				ᆜ		-	6	22
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										16	0

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

Car travelling expenses claim

<u> </u>	FRANK R	VVITITE	Month: November 2006	
Date Nev.	Home/Town Hall	Mileage	Business journey description	Mileage
100	" RETURN	7	Ktec. MerrINCH. R. + MAYON'S PARLOWA	DUTTE
	70		YOMA CLUB IX GROWN CARDIN HILL	4
2			OFFICE TAMBING GIRS CAPIES HILL	4
			Toute PAN RESIDENTS	3
3			CHILD ARUSE CONK. MANCHESPER + RENUMA	32
6	" Renun	7	KHEL BAIET + INFORM. COUNCIL	
8	"Rewar	7	SPECER BAREL + H&S + SVACELY	
9	- Return	7	Tower N. Proce + Tombthe + VAL DIVERTING	
10 44	- Resurd	7	ARMISTAGE DAY 17HADON	
12	- Renow	7	Annismes Servico	
3~	- RETURN	7	EtEX. BAILS + EXEC.	
14	- RETURN	7	COMMUNITY RADIO	
GAN.	"RETURN	7	HRPDG - DIRECTER - SINGUE SIMOS.	
8	" Recoar	7	DARSON PROGETHA HOSPING + WITHING SULON	
7	*		RECENSON SOVER CENTRO MESTING TO FINSDECTION	18
0	" RETURN	7	DIRECTOR + Eta BAIEF + EXECUTIVE	10
21	" Roser	7	LIC + ENVIRON BUT	<u> </u>
2/			Mach Forum Lingue Leven	8
2	+ RETURN	7	Etts. H.a. + PAAN SCHOOL	
13	+ Requan	7	DIACCION R PRESS 11 VINITY CENTRE COM 2	7
4	+ REALN	7	DIAKERON HA MANON	
5	+ levan	7	DEPLAY 1 THYON - TAYON CHARAGE FARA	
7	+ Review	7	Gett Paret - Fran Ganson + Schang	
G			DREWING UNITY CEMPA	M
50	+ Thorow		OPENING DAY DISPASON H VINITH COME CON2	7
otal Mil	eage	100		
grate		126		100
llowance				-

NCP
NCP Manchester LTD.

ST REMBUSZOU Prices, rolloni Marii i wo Tel: 0870 606 7050 VAT No. 239 0546 59 THANK YOU, PLEASE CALL AGAIN

TERMS AND CONDITIONS - Entry to or use of this car park is at your own risk. Copies are exhibited and a copy is available for inspection on request.

2/0613 10:13

13/12/06 Entry 1 King Street West

417109

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Name of Member

(Block capitals please)

Registration No.

Exact Cubic Capacity

V.A.T. 17.5% 1.31° £ 8.80 POF-3 13/12/06 13:00

(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 Signed

licence and have adequate insurance cover for the use of my vehicle on Council business.

Date

(For Car Allowance claimants only)

Approved

MEMBER

ORIO

2006

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

	Ame	ount		ľ	Miles		•
•	£	E : p	13 // 13 // 100 // 100	- 7	16	Detail	s input onto Payroll system:
* Subsistence Allowance Subsistence Allowance	71	: :山ヲ.	Normal Mileage	4	40	Ву:	cm
(Taxable) Travel Reimbursement	8	:00		· .		•	5.1.07
(e.g. Car Park, taxis)							
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 Allowance	Fares and other Expenses	Subsistence Allowance £ P
	Particulars of Journeys	Time of Return	Travel	Claimed	£ p	 	
	Description of Approved Duties,	Departure Return	 	1154		<u> </u>	
Date	Description of Applications (From & To) including Locations (From & To) M. 400 A. T. AND FADA WORN AS ILA MANUED OF THE STATE OF THE		 	192	1	\	6 77
	MILEMAN TO AND MORN AS TON MINES		<u> </u>	175	 		· · · · · · · · · · · · · · · · · · ·
	1 1 1	Horst 9.00 Voys 16-00	CAA		 	-	6 77
	MILENOOD DUNNA COURSE OF COORD		-		<u> </u>		6 77
TEC	REEDOON - AMAR GENEMONY - HA	11 10 0 17 1			10_		
		Hora 9-00 Harb 1600			CALINI	M 8 0	1 77
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2 Mgc	N.W. EMPLOYER + HNETEC + COUNCIL	1600 9.00 Hore 17.0	וס		Clusin	1	6 77
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8 D&C	HR + Exec BATER	Hora 9.00 Vibras 16.5	40				- Z 77
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Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies

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

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of	sau, tay	_20 <i>01</i>		nber MANN	R WHUZE	Pay	No.
Car (Make/Model) Fonn	MONDED EST	MG	(Block capitals plea Registration	6	Exact	Cubic Capacity 18	<u> </u>
Home Address 23	Donesons.	Rd PSOLTON	BL2 54	1			·
DECLARATION: (a) I declare that I have actually Metropolitan Borough Cour the rates determined by Bol	ıcil; that I have actuall	y paid the fares and made other					
	inancial s allowanc	are correct. Except as shown, I he or attendance allowance in cornd have adequate insurance MEMBER	nnection with the di	uties indicated on of my vehicle or	this form. Council business.	nt for travelling or subs	•
		FOR OFFICIAL USE	ONLY (Comple	ted by Committee	e & Members Services)		
	Amount £:p			Miles			
* Subsistence Allowance Subsistence Allowance (Taxable)	13:44	Normal Mileage		31	Details input onto By: CM	Payroll system:	
Travel Reimbursement (e.g. Car Park, taxis)	:				Date: 22.3.0)	
Dependent Carer's Allowance	:				Subsistence Paid May		ce not paid Apri

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		Fares and	l l	Subsis	
Date	Description of Approved Duties, including Locations (From & To)	Ti: Departure	ne of Return	of Travel	Claimed	Allowa £	nce p	Exper £	ıses p	Allow £	ance P
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Z.A .	1/2 Day C // Harris Royce Conseque	10.00	17.00							6	72
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	amounts received by way of Travelling & Subsistence from any other Auth				131		1			13	4

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

Car travelling expenses claim

Name:	FRANK WH	476	Month: FEGUARY 2007	
FEB.	Home/Town Hall	Mileage	Business journey description	Mileage
1071200			N.W. Employer's Away DAY Cont. Wichon + Beaun	22
511	7Remin	7	Et. Barci: + HR + Exec	AZ
58.2	+ RETURN	7	CONFORME ZSPUBS SCRETTING (EVENING)	
bin	+ Return	7	H.L. + Grave States Pensons + Cons Street.	
bin	7		BUSEN GAMUNIA RAPIO ITOCIME + CONUN	17
854	+ Rever	7	Crow Har Tary Cas Hawwar Commen	
9"	0	h.4	MEGINE VICAR POLON COMPUNTY CONTESTIN	7
12	+ Revou	7	HPL+ ETELANS	
16	+ Resujin	M :	TANIME PRESING	
19	+ RETURN		H.R. Medal.	
21	+ Review	5	Mexica BANTHE DOPT	
23	+ Resulu	1,	Corner Busces Meeting	
26	+ Renum	7	Ext Poston Heering	
27	+ REIVIN	17	H.R. TEGING	
28	+ Return		LIC+EN. COMMENTER + P.R.U.	
28	FROTUN	7	4. R. Medine VIV.; Counce 1-1 Ergeni.	
			COUNCIL 17EDING	
		-		
Total Mil	eage	95		
a) rate	-			6
Allowance	e			

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		BOLTON MET	ROPOLITAN BOR	OUGH COUNC	IL .		
	/^	ME	MBERS ALLOWANC	CES CLAIM	1		
Claim for Month of MANCE	MATTINE :	20_07	Name of Member	Frank (NHIL	Pay No. Pay No.	
Car (Make/Model) 701(1). Home Address 23	Down	o Rd	Registration No.		Exact Cubic Ca	pacity <u> </u>	2.
the rates determined by Bolt	ncil; that I have actually ton Metropolitan Boroug inserted on this form a inancial loss allowance	paid the fares and made o gh Council. re correct. Except as show or attendance allowance in	ng and subsistence for the purp other payments shown on this n, I have not made, and will n n connection with the duties in ance cover for the use of my	ot make, any claim undendicated on this form. vehicle on Council of Date	nts claimed are strictly ur r any enactment for trav	accordance with	nly)
Approved				Date			
	,	FOR OFFICIAL U	ISE ONLY (Completed by	Committee & Members	; Services)		
* Subsistence Allowance	Amount £:p	Normal Mileag	miles 293	>	ls input onto Payroll s	system:	
Subsistence Allowance (Taxable)	33 :60			Ву:			
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:			
Dependent Carer's					•		

Notes:

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

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

Allowance



	Particulars of Journays			Mode	Miles	Dependent Carers		Fares and	Subsis	stence	
Date	Description of Approved Duties		ne of	of		Allowa	ince	Exper	ıses	Allow	vance
j.	including Locations (From & To)	Departure	Return	Travel	Claimed	£	p !	£	p F .	£	р
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1 Macet	COMMUNIA NADIO + 17.11. WILL + Exec 1 CINSU	_ • •	H1600						<u> </u>	6	72
Smill	H-A. + COLLOST. + PARA SUBOR + EAR BOCKEN	10.00	18.00					****		6	72
8 Marit	GENOCING + EXEC MEMBER	9.00	15.00		166 Pr	E APM				6	72
V 1/20	119 (1000 11) 86 1118	10:00	16.30							-	72
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) Alaic	INSTIT Com Cost. +141.	1000	15.30							6	72
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	mounts received by way of Travelling & Subsistence from any other Author				79 [°] 51					33	60

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



Car travelling expenses, claim

		[onpenses ciaiiii	
Name:	THINK I TH	4116	Month: // // // // // // // // // // // // //	
Male Male	Home/Town Hall	Mileage	Business journey description	Mileag
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6	<u> </u>	7	YOUL SURVICE MOUNT	
7	2-4	7	H.R. Kt. MEETING	
8	~	7	H-R.	
q	*	7	CENOCIDE MEETING	
10"	~		MIDDICHADOU VALCT PAHA	177
2	***	7	H.R.	
3	iv.	7	EAST BOLTON & COMM. RADIO	
4		7	H.S. PDF + Yor4 + TRANSINE + TAK CONAL	
5	Mr.ug.	7	Extributor + Pinh Satori	·
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9	<u>~</u>	7	Hill	
0	\ <u></u>	7	LIC. + ENV. Comm. I Case the found in	ing
2/	~	7	T.Y.S. PART FORWATTETING	
22			PONCE COVENOUS	3 3
6	~	7.	BRECHAM + HR.	
7		7	4-8	
8	·~	7	GENDEINE + EXECHAL + TONGE GOVERNIS	7
7	~	7	ICOC. MUSING + 6m 2	7
2			B. E. M. C. Awhus Reesoly + Res.	10
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lowanc	e -			
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WILKINSON

MEMBERS ALLOWANCES CLAIM

			CHE TAN	TID A.WILKINSON, Pay No.
Claim for Month of 300	<u>১ 🕏</u> 20		pitals please)	
Claurica		The state of the s	ration No	Exact Cubic Capacitycc.
Car (Make/Model)		Kegisi	ration ivo.	
Home Address 12	s cassi		orc-High	•
Metropolitan Borough Council the rates determined by Bolton	Metropolitan Boroug	h Council.	and will not make	enabling me to perform duties as a Member of the Bolton and that the amounts claimed are strictly in accordance with be, any claim under any enactment for travelling or subsistence and on this form.
	ancial loss allowance)I HILLIA		
(b) I am the holder of a current	t driving licence an	d have adequate insurance cover fo		Date 25/9/06
Approved	No and Section 2015 Section 2015	<u>, </u>		Date
		FOR OFFICIAL USE ONLY	(Completed by Com	mittee & Members Services)
	Amount	•	Miles	
	£:p			Details input onto Payroll system:
* Subsistence Allowance	:	Normal Mileage		Details input office 2 dyson-y-
Subsistence Allowance	:			Ву:
(Taxable) Travel Reimbursement (e.g. Car Park, taxis)	:		*	Date:
Dependent Carer's 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. Notes: In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Particulars of Journeys	Tim	Mode of	Miles	Dependen Allowa		Fares and Expen		Subsistence Allowance	
Date Description of Approved Duties,	Departure	Return	Travel	Claimed	£	p	£	P	£ p
including Locations (From & To)								7	
23/6/06 E. W. P. T. T. T. MANCHESTER	7.50	1.30	GAST				S	-40	
DAIST MICE									
MANCHESTRY - DAISY HILL									
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D. Let a way of Travelling & Subsistence from any other Au		1.					5	40	

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

Adult Child	(BULI	OH HILFIRGE	· -	
CHESS TICKET TYPE Adult CHILE F		MEMBERS ALLO	WANCES CLAIM	
Date Number 23 · TUN · 06 (9346 340362) From Valid MOHICHESTER CTLZ OH DATE SHOWN Route	Price 20 0 5	(Block capitals		Exact Cubic Capacitycc.
DAISY HILL *	508-5	; WESTHOU		
Metropolitan Borough Council, the rates determined by Bolton	Metropolitan Borough Council erted on this form are correct. Incial loss allowance or attendar driving licence and have ac	Except as shown, I have not made, not allowance in connection with the dequate insurance cover for the MEMBER	and will not make, any claim unthe duties indicated on this form. use of my vehicle on Counci Date Date	in business.
P. C.	FOR (OFFICIAL USE ONLY (ompleted by Committee & Men	npers Services)
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	Amount £:p :	Normal Mileage	E	Details input onto Payroll system: By: Date:
Dependent Carer's Allowance				

Notes:

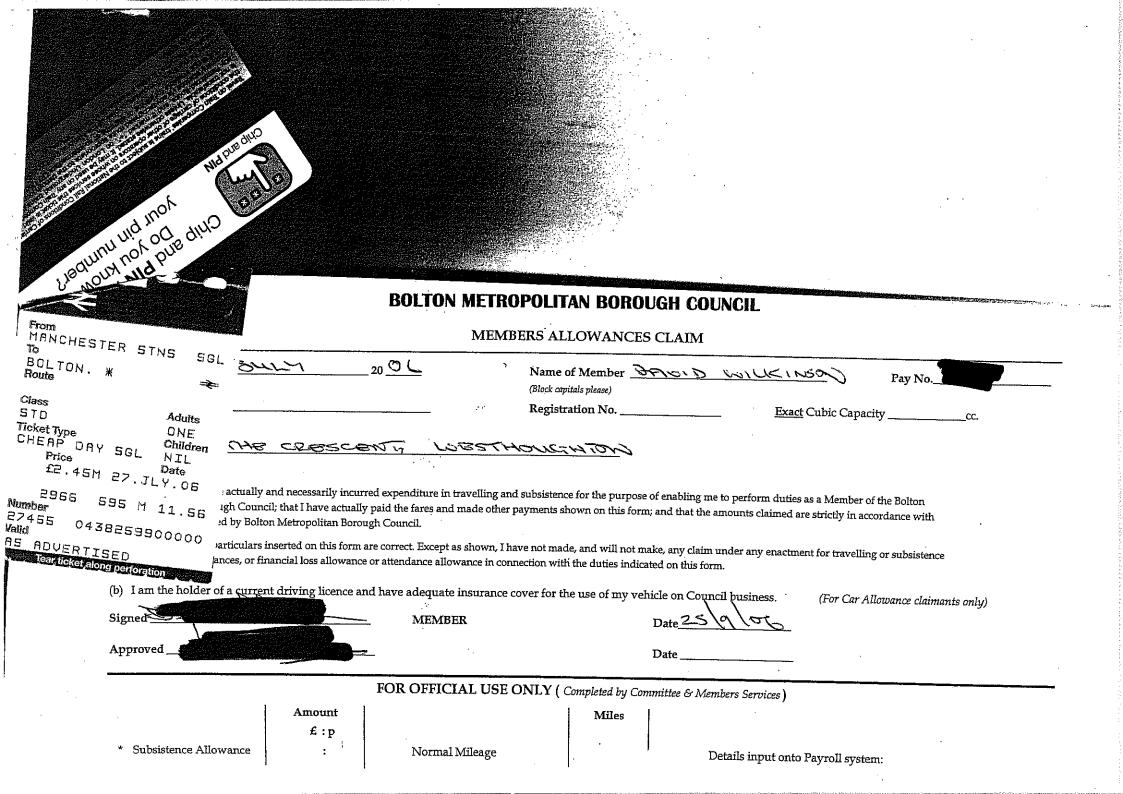
* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

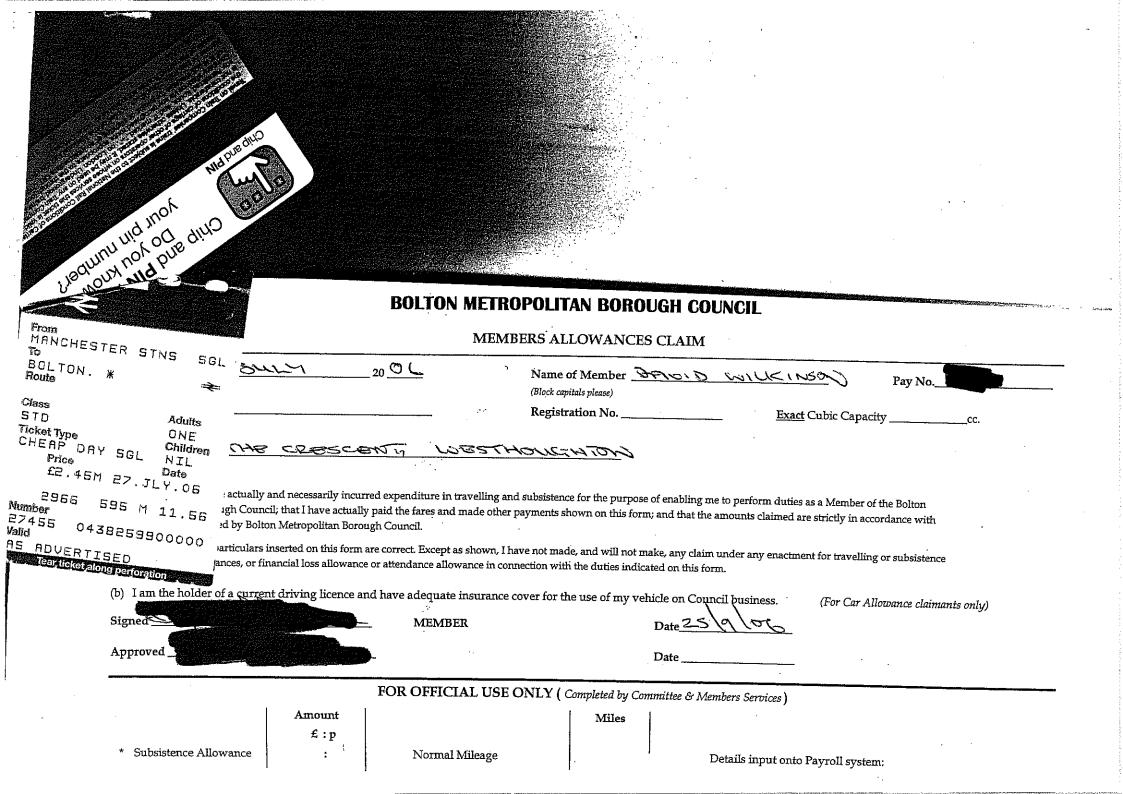
BOLTON METROPOLITAN BOROUGH COUNCIL MEMBERS ALLOWANCES CLAIM Prom Valid Price DRIST HIII * ON DRIE SHOWN £5-40M Registration No. Exact Cubic Capacity cc. Metropolitan Borough Council; that I have actually paid the fares and made ofter payments shown on this form, and that the amounts claimed are stricily in accordance with the rests determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, 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.		To No 4838/MHES REAL PROPERTY OF THE PROPERTY	SU dd ^Q dd ^Q wen wen wen wen wen wen wen wen			
BOLTON METROPOLITAN BOROUGH COUNCIL STID Date Number Adult ONE NIL OLIT Dete Number Advances of Member Advances of Member Advances of Members Member Advances of Members Members Advances of Members Members Members Officer Advances of Members Services Approved MEMBER Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)	The House of Carlage o	Train Companes, Valies, 10,000 to of	no laveit phos and Trion si			
BOLTON METROPOLITAN BOROUGH COUNCIL STIP DAY RETURN Date Number STIP DAY RETURN Name of Member STIP DAY NO. Name of Member STIP DAY	Econiformers, Pesidor. Econiformers, Pesidor. Econ any Train Company. Their Ecket Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company. Their Conference of Company.	Brodzey 92 georgy 975 59gdue 21 24 georgy 259gdue 21				
Date Number CD JH 106 68346 340367777M01	bne agemen	Tracker MWW. naulon	Onoto M (S)			
Date Number CT JHN 06 0540 34030777M01	усо. иктаіптаскаг 11. со. иктаіптаскаг	ef type Adult Child	ВО	LTON METROPOLITA	N BOROUGH COUNCIL	2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A 2000 A
Name of Member SPA Secretary 1 (Block capitals please) Route Route Registration No	STO M	Y RETURN ONE NI Date Number		, MEMBERS ALL	OWANCES CLAIM	
To Route Part	Valid	Price 20 💆 🧲			OILKINGOW, Pay No.	
DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council, that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Gouncil business. (For Car Allowance claimants only Signed: MEMBER Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)		-	£5·40M	·		Exact Cubic Capacitycc.
(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	MANCH STEE	DECEMPATION:	£'SC E ≪		•	•
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 Gouncil business. (For Car Allowance claimants only Date		(a) I declare that I have actually Metropolitan Borough Cour	ncil; that I have actually paid the	fares and made other payments sho	for the purpose of enabling me to perfor own on this form; and that the amounts o	m duties as a Member of the Bolton laimed are strictly in accordance with
Approved Date Date Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)		I dealers that the particular	s inserted on this form are correc	t. Except as shown, I have not made	, and will not make, any claim under any the duties indicated on this form.	y enactment for travelling or subsistence
Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)		(b) I am the holder of a curr	ent driving licence and have			ess. (For Car Allowance claimants only
FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)				MEMBER	_	
1		Approved	FOR	OFFICIAL USE ONLY (vices)

BULIUN MEIKUPULHAN BUKUUGH CUUNCIL Ticket type STD STD DAY SINGLE Child MEMBERS ALLOWANCES CLAIM ONE NIL Start Date 27 · JLY · 06 SGL Number 20 O C Name of Member BRIOID WILKINGO 01693 005502777N51 Pay No. DAISY HILL * (Block capitals please) Valid until 27.JLY-06 Registration No. Price **Exact Cubic Capacity** 1ANCHESTER CTLZ £3.30M ANY PERMITTED 0712 WOTH SUCHTESON scen v Price and an ily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton DE 45M EFFEY OF uncil; 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 olton Metropolitan Borough Council. 2966 595 M 11.56 Number ars 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 27455 Valid r financial loss allowance or attendance allowance in connection with the duties indicated on this form. ADVERTISED rent driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) **MEMBER** Approved Date FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Amount Miles £:p 1 Subsistence Allowance Normal Mileage Details input onto Payroll system: Subsistence Allowance (Taxable) By: 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 Date Description of Approved Duties,							Т:-	ne of	Mode of	· 1	Dependent Carers Allowance		Fares and Expen		Subsistence Allowance	
Date		includ	ing I aca	tions (F	rom & To	1)		Departure	Return	Travel	Claimed	£ p		£ p		£	P i
1/2/01	OCCENT.	106 ·	F)	ORW	ICM.	- BOUTO	U 727N	2.15	4.30	CAR	10				<u> </u>		 -
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

DOLTAN METRIPHITIAN BURUUGII UUUNUL

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1	DAY SINGLE Start Date 27.JLY.06	ONE ^{Number} 01693		SGL -	20 <u></u>		Name of M	Iember 38	AIDIWI GIO	Pa	y Nocc.	-
(SY HILL CHESTER	* 27·JL	Ÿ∙06 ERMITTED			CON		<u>ouër</u>	Corosi				
Price 236	6- 1	hy 966	uncil;	that I have ac	tually paid	d the fares and made other	payments snov	WII OIL IIII IIII I	enabling me to perform dutiend that the amounts claimed			
Number 27455	0438259	90000	O ars in	serted on this incial loss allo	form are co wance or a	orrect. Except as shown, 1 f attendance allowance in cor	. II. 100 11 11 11 11 11 11 11 11 11 11 11 11	use of my vehic	e, any claim under any enactr d on this form. cle on Council business. Date		ance claimants only)	
	Approve					FOR OFFICIAL USI	EONLY (C	ompleted by Com	mittee & Members Services)			
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٠	(Taxable)	ence Allov	wance .		74	Normal Mileage		. ***	By: Date:	······································		
	(e.g. Car	Park, taxis)			ļ							

* 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.

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 Allowance

BOLION MILITOI OF

MEMBERS ALLOWANCES CLAIM

		21,222						
Claim for Month of		· (Name of Member Se (Block capitals please) Registration No.	1010 WILKINGS	Pay No	cc.		
Car (Make/Model)								
Home Address DECLARATION: (a) I declare that I have actually and Metropolitan Borough Council; the rates determined by Bolton. I declare that the particulars ins	I necessarily incurre that I have actually Metropolitan Borou erted on this form a	d expenditure in travelling and s paid the fares and made other pa	re not made, and will not ma ection with the duties indica	ake, any claim under any enactment ted on this form.		e nants only)		
		<u>•</u>		Date				
Approved	A secure program of the security of			ittee & Mombers Services				
		FOR OFFICIAL USE	ONLY (Completed by Co	mmittee & Members Services)				
		٠. ا	Miles					
	Amount £ : p	12.57		Details input onto	Payroll system:			
* Subsistence Allowance	:	Normal Mileage				•		
Subsistence Allowance (Taxable)	Subsistence Allowance :		•	Ву:	By:			
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.

	Particulars of Journeys	Time	of.	Mode of	Miles	Dependent Carers Allowance		Fares and other Expenses		Subsister Allowar	nce
Date	Description of Approved Duties,	Departure	Return	Travel	Claimed	£	P	£	P	£	p i
	including Locations (From & To)										<u> </u>
1/7/06	E.M.P.T.M.	TELSE									<u> </u>
	DAISTAN MINING POINTS			- D. \	1			3	30		
		7.15~		TRAIN		- 	<u> </u>	2	40		1
	MANCHESTER - BESTON	1-150							10		
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	(Towelling & Subsistence from any other A						ļ		> 14	اد	

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

MEMBERS ALLOWANCES CLAIM

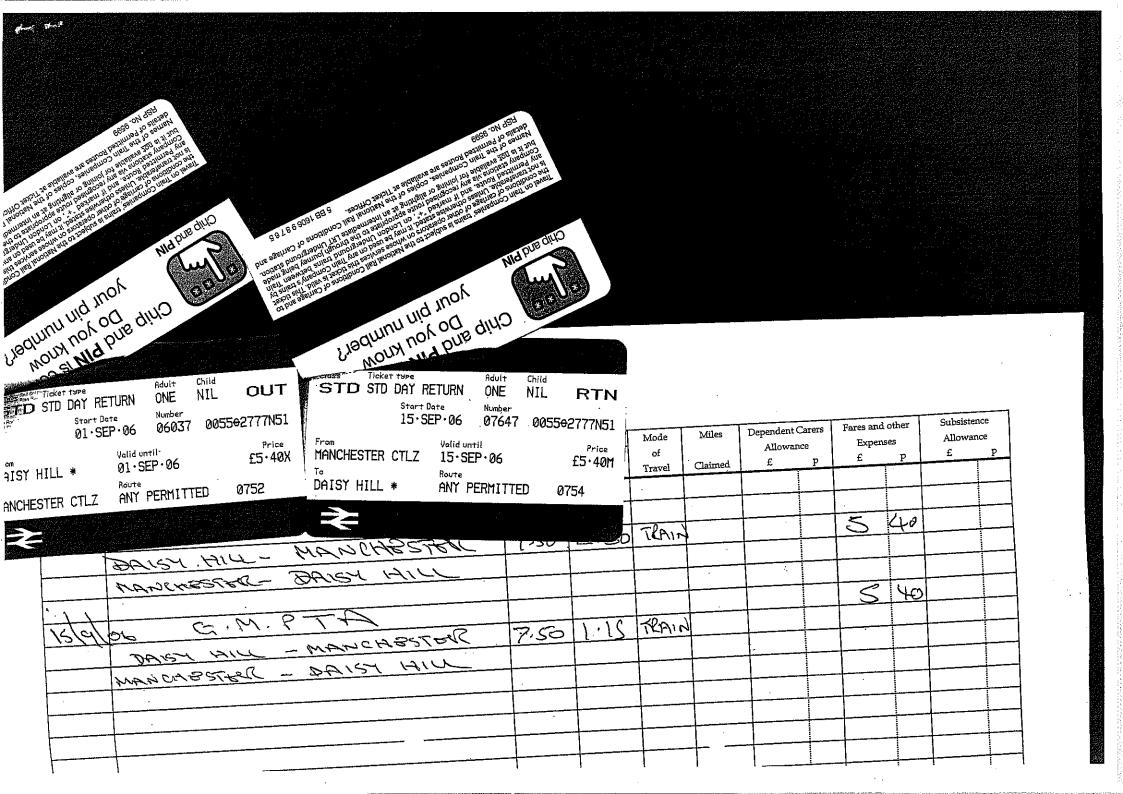
			of Member	H-7-11W /511	Pay Pay P	vo.	
Claim for Month of SRT	20 C	Name Name	of Member			1 M	
Car (Make/Model)).· <u> </u>	Regist	tration No/		Cubic Capacity	<u>/H + cc.</u>	
Home Address 2 713	CRESCR	NT WESTHON	15-MON				,
DECLARATION: (a) I declare that I have actually an Metropolitan Borough Council the rates determined by Bolton	d necessarily incurred e ; that I have actually pai Metropolitan Borough (xpenditure in travelling and subsisted the fares and made other payments Council.	nce for the purpose of shown on this form; a	enabling me to perform duties nd that the amounts claimed ar e, any claim under any enactme			
or allowances, or fina	incial loss allowance or	correct. Except as shown, I have not be attendance allowance in connection we have adequate insurance cover fo	τ the use of my vehic	ele on Council business.	(For Car Allowanc		
(b) I am the holder of a current	r (III ving needle	MEMBER		Date 25/2/00	_		
Approved		٠ .					
		FOR OFFICIAL USE ONLY	(Completed by Com	mittee & Members Services)			
I	Amount		Miles				
477	£:p	Normal Mileage		Details input on	to Payroll system:		
* Subsistence Allowance				Ву:			
Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	10 :80		*	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.

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15/9/00 G.10	- MANCHBSTEN	7.50	1.15	TRAIN				<u>-</u>			
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MANCHESIEM	<u> </u>					<u> </u>					\dashv
BAISY. AIR	- BRISH HILL										\dashv
*	- MANCHESTER	7-50	2-30	TRAIN				5	40		\dashv
	*								/		\dashv
DAISY HILL * ANY PERMITTED 07	· - <u> </u>	NT PERMITTED (754 . •		·						-
MANCHESTER CTLZ 01.SEP.06	£5·40X DAISY HILL * 15 To Ro T52 MANCHESTER CTLZ A		,	of Travel	Claimed	Allowan £	ce p	£	Р	£ P	_
11-21-4 (19-47)	Price H From Vo	alid until	Price £5·40M	Mode	Miles	Dependent (Fares and o	į,	Subsistence Allowance	
Start Date Number 01.SEP.06 06037 0055 0 2			2777N51							. <u></u>	 -
Class Ticket type Adult Child STD STD DAY RETURN ONE NIL I	RTN STD STD DAY RETU		OUT								
odda Child	Class Ticket tape	Adult Child									
and the same of th											

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



Particulars of Journeys			Mode	Miles	Dependent Carers Allowance		Fares and other Expenses		Allowance	
Date Description of Approved Duties,	Tim		of	Claimed	£	nce p	£	р	£	Р
including Locations (From & To)	Departure	Return	Travel	Claimed						
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\$/9/00 C.M. F 18										
	7.50	2-30	TPAIN				5	40		
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MANCHESTER GIRS						<u> </u>		 		
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13/100 MANCHESTER	7.50	1.15	TRAIN	<u> </u>		+-				
DAISY WILL										┼─┤
15/9/06 MANCHESTER - MANCHESTER MANCHESTER - DAIST HILL										
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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 Adult Child Ticket tupe σÛΤ NIL ONE STD STD DAY RETURN MEMBERS ALLOWANCES CLAIM Number Start Date 005502777N51 18033 01 - DMR - 06 Name of Member 2000 DINKINGON 2006 Price Valid until From £5 40X (Block capitals please) 01 · DMR · 06 DAISY HILL * Exact Cubic Capacity Route Registration No. __ 0811 MBSTHOUGHTON DECLARATION: (a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council. I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form. (b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only) **MEMBER** Signed Date Approved FOR OFFICIAL USE ONLY (Completed by Committee & Members Services) Miles Amount £:p Details input onto Payroll system: Normal Mileage Subsistence Allowance Subsistence Allowance By: (Taxable) Travel Reimbursement Date: (e.g. Car Park, taxis) Dependent Carer's 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	t Carers	Fares a	nd other	Subsi	istenc
Date	Description of Approved Duties,		ne of	of		Allow		Exp	enses	Allor	
· \	including Locations (From & To)	Departure	Return	Travel	Claimed	£	р	£	p	£	
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J.,	nounts received by way of Travelling & Subsistence from any other Autho			` [ļ		2	40		

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

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BOLTON M	METROPOLITAN	BOROUGH	COUNCIL
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MEMBERS ALLOWANCES CLAIM

STD STD DAY RET	Multan	IF EXIDA		MEMBERS ALLOWANCES CLAIM		
Stort Do 12.JN		0055 0 2777N51	20 07	Name of Member DAW D WI	KINGON	Pay
From	Valid until	Price £5·65M		(Block capitals please)	•	
MANCHESTER CTLZ	12.JNR.07	13 031	ļ	Registration No.	Exact Cubic Capac	ity
TO DAISY HILL *	ANY PERMITTED	0745		·		
DUID! HILL			25, 175	STHOUGHTON.		

(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)

GMPTA

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Signed	
Approved_	
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Child

NIL

RTN

Adult

ONE

MEMBER

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

		Amount		Miles	,
		£:p		ļ	
*	Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
	Subsistence Allowance (Taxable)	;			By: CM
	Travel Reimbursement (e.g. Car Park, taxis)	5 :65			Date: 25.1.07
	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 Journeys	Ti	n of	Mode	.Miles	1		Fares and Expens		Subsiste Allowar	
Date	including Locations (From & To)	Departure	Return	Travel	Claimed	£	P	£	P	£	p !
12/1/07	MIBERSHAM - JUH PRIAGE ATS M.D.	Particulars of Journeys Description of Approved Duties, including Locations (From & To) PTP MINSY HILL - MANECARSTAN T, 45 N 30 TRAIN TRAIN Allowance £ p & £ 2 miles for the first than the first t	8	67		 					
7000							<u> </u>				<u> </u>
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	Subsistence from any other Aut	4	1.					S	62		ĺ

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

BULIUN MEINUFULIAN DOMOCOM CO.

MEMBERS ALLOWANCES CLAIM

Claim for Month of CBSL	uply 20	07 91	Name of Member DAOID. R. WILKINGON Pay No. (CMPTE) (Block capitals please)
Claim for Marine		<u> </u>	en and the Communication CC
Car (Make/Model)			Registration 140.
Home Address 2 THE	CRBSC	BUL MBZ	2 Month De Marie
Metropolitan Borough Council	; mat i nave actuarly p		and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton her payments shown on this form; and that the amounts claimed are strictly in accordance with
		1 11	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.
I declare that the particulars in	serted on this form ar	or attendance allowance in co	connection with the duties indicated on this form.
expenses or allowances, or this	aticiai ioss anomasis i		(For Car Allowance claimants only)
(b) I am the holder of a curren	t driving licence and	l have adequate insurance	ace cover for the use of my vehicle on Council business. (For Car Allowance claimants only)
(b) I am the holder of a current		MEMBER	Date 27 7 000
Signed		IAIDIAIDDA	
		_	Date
Approved			
		FOR OFFICIAL USI	SE ONLY (Completed by Committee & Members Services)
	1		Miles
	Amount	,	
	£:p	Nal Milozopa	Details input onto Payroll system:
* Subsistence Allowance	;	Normal Mileage	
Subsistence Allowance	:		By: ℃
(Taxable)	ا		
Travel Reimbursement (e.g. Car Park, taxis)	5 :65.		Date: 27.2.07
Dependent Carer's			

Notes:

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

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

Allowance



	Particulars of Journeys			Mode	Miles	Dependent Allowa		Fares at	nd other enses	Subsiste: Allowar	
	Description of Approved Duties,	Time		of .	Claimed	£	p	£	р	£	P
Date	including Locations (From & To)	Departure	Return	Travel	Claimed	 	<u> </u>				
207	A 2 2 TA					<u> </u>	 	5	65		
121	DUISH HIM - WUNCHBRIEN	7/50	<u></u>			 					
	RETURN			 			†	<u> </u>			
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	Travelling & Subsistence from any other		••						5 65	>	

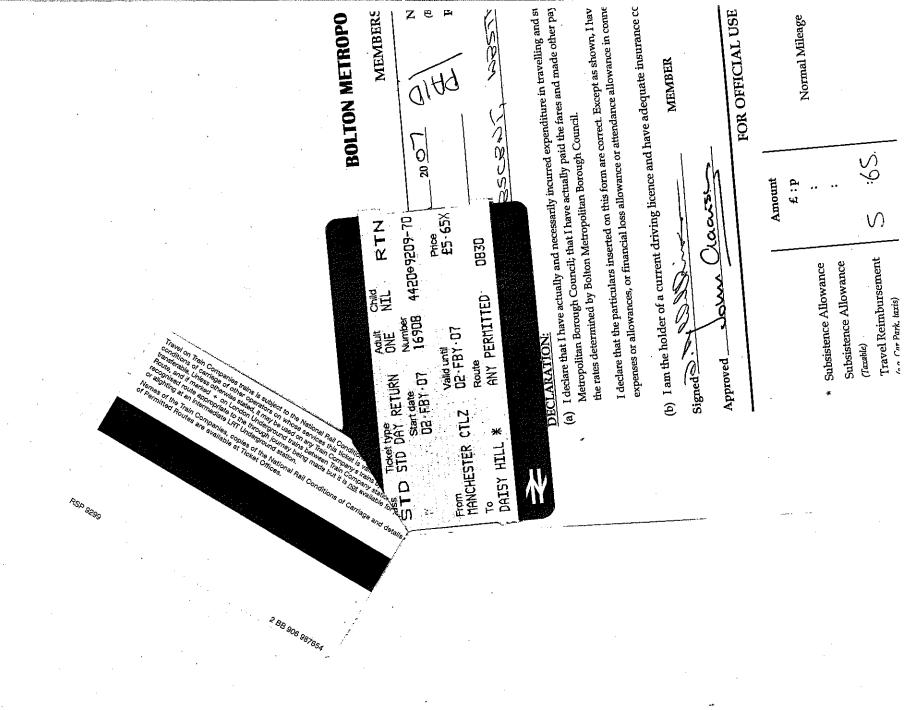
CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence Metropolitan Borough Council; that I have actually paid the fares and made other payments sho 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, expenses or allowances, or financial loss allowance or attendance allowance in connection with t

(b) I am the holder of a current driving licence and have adequate insurance cover for the MEMBER Approved Signe

		-	FOR OFFICIAL USE ONLY (Co	-5
	¥ 	Amount		
		₫: ¥		
* Subsistence Allowance			Normal Mileage	
Subsistence Allowance (Taxable)		••	9	
Travel Reimbursement (e.g. Car Park, taxis)	V)	:6S	· .	
Dependent Carer's Allowance		**		
		-	_	



BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MAG	200 2		Name of Member (Block capitals please)	DID MIKKIN	Pay No.	GMPT
Car (Make/ Model)			Registration No.	<u>Exact</u>	Cubic Capacity	cc.
Home Address						
DECLARATION:						
(a) I declare that I have actually Metropolitan Borough Coun the rates determined by Bolt	cil; that I have actually p	d expenditure in travelling and su aid the fares and made other pay h Council.	absistence for the purpose of ments shown on this form;	enabling me to perform duties and that the amounts claimed ar	as a Member of the Bolton re strictly in accordance with	
I declare that the particulars expenses or allowances, or fi	inserted on this form ar inancial loss allowance o	e correct. Except as shown, I have r attendance allowance in connec	not made, and will not mak tion with the duties indicate	e, any claim under any enactme d on this form.	ent for travelling or subsistence	
(b) I am the holder of a curve	nt driving licence and	have adequate insurance cov	er for the use of my vehic	:le on Council business.	(For Car Allowance claima	nts only)
Approved		·	1	Date		
	,	FOR OFFICIAL USE OF	NLY (Completed by Com	mittee & Members Services)	-	
	Amount £:p	·	Miles		BOLT	ON MBC
* Subsistence Allowance	:	Normal Mileage	,	Details input onto	o Payroll system: 13	APR 2007
Subsistence Allowance (Taxable)	:			ву: СМ		
Travel Reimbursement (e.g. Car Park, taxis)	11 :30			Date: 4.4.C	TCHYKUL	L SECTION
Dependent Carer's					·	

Notes:

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

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

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)			Mode of	Miles	Dependent Carers Allowance		Expenses		Subsis	
2/3/07				Travel	Claimed	£	P	£	P	£	p
- C/261	G.M. PT BAIST HILL -MANORSIR	148	J-00	41AST				5	65		
	LETURN										
1									_		_
16/3/07	GM.P.TA DAISY HILL -MANCHESTAR	7.36	1.300	5000			<u> </u>	-			
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educt any amo	unts received by way of Travelling & Subsistence from any other Authori	lion on hadis		1		į		11	30		

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

TD STD DAY RETURN ONE NIL RTN
Start Date 02-MCH-07-29395 005592777N51

"MCHESTER CTLZ 02-MCH-07 E5-65M
IISY HILL * ANY PERMITTED 0748

OUT

Shite NIL

Rebit PRept

Class Ticker type STD STD DAY RETURN 0055e2777N51

Number 29395

Start Date 02·MCH·07 Price £5-65M

Valid until 02·MCH·07

From DAISY HILL *

0748

ROUTE PANY PERMITTED

MANCHESTER CTLZ

Class Ticket type Adult Child

STD DAY RETURN ONE NIL RTN
Start Date Number
16-MCH-07 31217 005592777N51

From Volid until
MANCHESTER CTLZ 16-MCH-07

Price £5-65H

> Route ANY PERMITTED

> > DAISY HILL

0736

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WOODWARD

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of April			Name of Member(Block capitals please)	MARY W	CIDAWBOO	Pay No	
Car (Make/Model) Foi	to PROP	<u>e</u>	Registration No.		Exact Cubic Ca	pacity <u>2/</u> 1	cc.
the rates determined by Bolt	ncil; that I have actual on Metropolitan Boro	y paid the fares and made other ugh Council.	payments shown on this fo	orm; and that the am	ounts claimed are strictly	y in accordance with	
expenses or allowances, or f	inancial loss allowand	are correct. Except as shown, I he e or attendance allowance in con	nection with the duties ind	licated on this form.	•		٠.
(b) I am the holder of a curre	ent driving licence a	nd have adequate insurance o	cover for the use of my v	Date	business. (For C	ar Allowance claim	ants only)
Approved		- .		Date	······································		
		FOR OFFICIAL USE C	ONLY (Completed by Co	mmittee & Member	rs Services)		
•	Amount		Miles				
	£:p		960		•		•
* Subsistence Allowance	:	Normal Mileage	120	Deta	ils input onto Payroll	system:	
Subsistence Allowance (Taxable)	:	· ·	139	Ву:			
Travel Reimbursement (e.g. Car Park, taxis)	· :			Date	:	-	
Dependent Carer's Allowance	;	Total for both	1302				
							

Notes:

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

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

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

	Particulars of Journeys			Mode	Miles	Dependent	Carers	Fares and	d other	Subsist	ence
Date	Description of Approved Duties,	Tin	ne of	of	ļ	Allowa	псе	Exper	ișes	Allowa	ınce
<u> </u>	including Locations (From & To.)	Departure	Return	Travel	Claimed	£	p	£	P	£	P :
2 designe	alonnia Agenda	1.30	2.15	cer	<i>S</i> :						
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14500	المن مولاً	430	5.30	cox	B						
الحالحاناه	Planning	930	14.00	COV	8						<u> </u>
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16350,0	Gorporale poventing	10.00	1045	cor	8						<u> </u>
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19450AR	planning training	5.30	ت با ٦	COV	8						
20 Sove	public arts stacing.	2.00	3.30	COV	8						
235014	Bruefing School places	4.00	5.30	cov	8						
2650ne	toseng panel	1.30	4.00	car	11						<u> </u>
2730ne	Licensing	2.00	4.00	Cor	8						<u> </u>
283o	Site VISIT.	10.00	11.30	COV	8						<u>!</u>
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Bossone	Special Cooncil	500	30	Cov	8.	,					
			·								!
	mounts received by way of Travelling & Subsistence from any other A	. . .	•		90						

on the above dates and give particulars

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

QX

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of April		a	Name of Member <u>MA</u> Slock capitals please)	RY WOODWARD	Pay No.
Car (Make/Model) FORT	> PROBR	F	legistration No. 📐	Exact Cubic Cap	pacity 2 LTV cc.
Metropolitan Borough Counc the rates determined by Bolto I declare that the particulars i	il; that I have actuall n Metropolitan Boro nserted on this form	y paid the fares and made other pay ugh Council.	ments shown on this form not made, and will not m	of enabling me to perform duties as a Memn; and that the amounts claimed are strictly take, any claim under any enactment for traded on this form.	in accordance with
(b) I am the holder of a currer Signed Approved	at driving licence as	MEMBER	· ·	Date	ar Allowance claimants only)
•		FOR OFFICIAL USE ON	LY (Completed by Com	mittee & Members Services)	
	Amount		Miles		e e
* Subsistence Allowance Subsistence Allowance	£ : p :	Normal Mileage	163.	. Details input onto Payroll s	system:
(Taxable) Travel Reimbursement (e.g. Car Park, taxis)	:			B y: Date:	
Dependent Carer's Allowance	:				

Notes:

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

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

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

	Particulars of Journeys			Mode	Miles	Dependen	t Carers	Fares and	l other	Subsiste	
Date	Description of Approved Duties, including Locations (From & To)	Tim Departure	e of Return	of Travel	Claimed	Allow £	ance . P	Exper £	ișes P	Allowa £	ance p
30 April	Adult portnorship	9.30	11.00	Coy	8	٠.	,				
H'April	Licensing	2.00	4.00	COV	8					<u> </u>	<u> </u>
5 April	joint pog's	9.30	11.00	cav	8					 	<u> </u>
6 APNIL	Housing PDq.	9.30	1030	car	8				<u>.</u>		<u> </u>
7ª April	Palice Seminar	9.00	12.00	COV	8.		<u> </u>				<u> </u>
7 April	Culture PD9.	2:00	3,30	COV	8		<u> </u>				<u> </u>
113 April	Exec Adults	9.30	10.15	COV	8				<u>!</u>	j	<u> </u>
13°40~1	Danie	930	5.00	COV	8	3			<u> </u>		<u> </u>
18 Apr 1	Media xiano	1,00	6.00	COV	8					<u></u>	<u> </u>
194 And	Paucation of penul	10.00	11:30	CON	8			A STANSON PA	. A		<u> </u>
21-1/2 L	Losteria and	1.30	400	CON	11		<u> </u>				<u>!</u>
2543	Licensia	10.00	1.00	C07	8		<u> </u>		-		<u> </u>
27%pJ	planing.	9.00	4.80	Cov	Ŝ					ļ 	_
0-441	gnw '	5 30	7.00	Cov	4		<u> </u>				
10 MAM	DOSKIVE ACTION BOARD	ix ac	5 30	Cód	3		<u> </u>				╄
(IWMA-	young mons	14.050	5 30	COV	8		<u></u>				<u> </u>
134MAY	alonn i co	a co	430	con	8						<u> </u>
IGEMAY	Brown in Acouse	9.30	1050	Con	8		<u> </u>	<u>.</u>			<u> </u>
LLBMAT	(m) ment	7.00	7.40	Con/	8						<u> </u>
でなん	Oleanin	10.00	430	COV	8				<u> </u>		
Deduct any	amounts received by way of Travelling & Subsistence from any of	her Authorities or bo	lies		163			>=	i.	İ	

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

They should be sent to Committee

...ers Services for authorisation.

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Jul	4	20 <u>0 (</u>		RY WOODWARD	Pay No.
_			(Block capitals please)		
Car (Make/Model) FOR	O PROB	<u> </u>	Registration No.		pacity 2 L < v cc.
DECLARATION: Home O	ddnoss: 33 i	Lincolan Avenue, Li	the lever & Bi	3 IEX.	
(a) I declare that I have actually a Metropolitan Borough Counc the rates determined by Bolto	il; that I have actually	paid the fares and made other p	subsistence for the purpose of sayments shown on this form	f enabling me to perform duties as a Mem; and that the amounts claimed are strictly	aber of the Bolton y in accordance with
I declare that the particulars i expenses or allowances, or fir	nserted on this form a nancial loss allowance	re correct. Except as shown, I ha or attendance allowance in conr	ve not made, and will not ma ection with the duties indica	lke, any claim under any enactment for tra ted on this form.	avelling or subsistence
(b) I am the holder of a currer	nt driving licence ar	ad have adequate insurance co	. 1	Date 2 NA OG OG	ar Allowance claimants only)
Approved				Date	•
	•	FOR OFFICIAL USE O	NLY (Completed by Comm	nittee & Members Services)	
1	Amount		Miles		
,	£:p		104.		
* Subsistence Allowance	:	Normal Mileage	100.	Details input onto Payroll s	system:
Subsistence Allowance (Taxable)	:			Ву:	
Travel Reimbursement (e.g. Car Park, taxis)				Date:	:
Dependent Carer's Allowance	:				

Notes:

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

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

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

	Particulars of Journeys			Mode	Miles	Depender		Fares and		Subsist	
Date	Description of Approved Duties, including Locations (From & To)	Tin Departure	e of Return	of Tra v el	Claimed	Allow £	zance P	Exper £	ișes P	Allowa £	ance
"BULY	1.T. Medica	4.45	6.00	Cay	8						
Suly 1	ldul+ P.D.G.	10.30	1130	COV	8						_ _
501	Lov ponel	2.00	3.00	CON	8						_
Buly	Project Action	4.00	5.30		8						1
. 11	Remblier P.D.C	2.00	3.00	Cerr	8.						į
	planning Streevisors	9:45	11.30	CON	Ż						_
Soly'	Licensia	2.00	4.00	Car	8		İ				į
Soly (Council	7.00	8.30	Cor	8			***************************************			
Suly	Dlan ~ ig	9.30	4.30		8						-
504	Clamic Agenda	1.30	2.45	Cer	8,						_
Saly	plane in	9.00	12.00	car	8		1				_
Suly S	ide visús	1045	1200	COV	Š_						1
!Seel pl	lanning Aganda	1.30	2.15	COV	X						_
	()			<u>.</u>							_
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	•										_
											1
	nts received by way of Travelling & Subsistence from any other A		/2	TAL	104	,			·		- Appelyante

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

aim for Month of Auss	5001 0C1 20	06	Name of Member (Block capitals please)	CANY WOODWARD Pay No.
ar (Make/Model) C	Loen CI A	uplay	Registration No.	Exact Cubic Capacity C(C) Cc.
	cil; that I have actually p	aid the fares and made other pa		of enabling me to perform duties as a Member of the Bolton n; and that the amounts claimed are strictly in accordance with
expenses or allowances, or fi	nancial loss allowance or	attendance allowance in conne	ection with the duties indica	•
igned	nt driving licence and	have adequate insurance co MEMBER		Date
pproved			·	Date
	·	OR OFFICIAL USE OF	NLY (Completed by Com	mittee & Members Services)
	Amount £:p	· .	Miles	
* Subsistence Allowance	:	Normal Mileage	NOTION A	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By: CM
Travel Reimbursement (e.g. Car Park, taxis)	• •			Date: 3.1.07
Dependent Carer's		-to-han		

Notes:

Allowance

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

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

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

4	Particulars of Journeys			Mode	Miles	Dependen	t Carers	Fares and	l other	Subsist	
Date	Description of Approved Duties,	Tin	e of	of		Allow	апсе	Exper	ișes	Allowa	ince.
	including Locations (From & To)	Departure	Return	Travel	Claimed	£	p.	£	P	£	P
28°NOV	Aduly Serving	6.00	7.30	cav	8			****	·		<u> </u>
29 NOV F	Adult Serving Premier	4.00	1	1	8						<u> </u>
3000	planning	9.30	430	Cav	8		į				<u> </u>
1 do	Licensing Transic		12.00	1	8		!				<u> </u>
A Dec	Consteas ponel	1.00	2.00	COV	8						<u> </u>
~~·x	planning Training	12.00	1.30	CON	8						<u> </u>
	Eczy appointments	1.30	5.00	COV	8		!			· · · · · · · · · · · · · · · · · · ·	<u> </u>
12. Dec	Licensici	2.00	3.30	car	8	Arian Marian				<u> </u>	<u> </u>
13°02C	Council	7.00	9.50	C07/	8						<u> </u>
120 Dec	Planning	9.15	4.30	COY	8	`	and a				<u> </u>
							<u> </u>		!		<u> </u>
		`					!	_			<u> </u>
			·	• .							<u>!</u>
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						,					<u> </u>
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	nounts received by way of Travelling & Subsistence from any other A				TRAHANI						

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.

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Aos	SOPY DEC	20 <u>a lo</u>	Name of Member (Block capitals please)	MARY		Pay No.	
Car (Make/Model) CKR	oen cl	Airplay.	Registration No. <u>W</u>		<u>Exact</u> Cubic Ca	apacity <u>QQS</u> cc.	
DECLARATION: (a) I declare that I have actually a Metropolitan Borough Counce the rates determined by Bolton	il; that I have actually	paid the fares and made ot			ng me to perform duties as a Mer t the amounts claimed are strict		
I declare that the particulars in expenses or allowances, or fin					laim under any enactment for t is form.	ravelling or subsistence	•
(b) I am the holder of a current Signed	t driving licence ar	nd have adequate insurand MEMBER	ce cover for the use of m	y vehicle on C Date Date	Council business. (For C	Car Allowance claimants or	ıly)
		FOR OFFICIAL USI	ONLY (Completed by	Committee & .	Members Services)		
	Amount Í	<i>:</i> .	Miles	1			
	£:p		1.00	.			
* Subsistence Allowance	;	Normal Mileage	100	}	. Details input onto Payroll	system:	
Subsistence Allowance (Taxable)	:				Ву:		
Travel Reimbursement (e.g. Car Park, taxis)	:			·	Date:		
Dependent Carer's						•	·

Notes:

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

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

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

27 T 2 70	Particulars of Journeys					Depender	t Carers	Fares an	d other	Subsis	
Date .	Description of Approved Duties,	Tin	ne of	of		Allow	ance	Expe	•	Allow	
	. including Locations (From & To	Departure	Return	Travel	Claimed	£	P	£	p	£]
Aug chi	Mohrens pag.	10.00	11.30	Cov	8		<u> </u>		<u> </u>		
مراح مي الم ^م	anning.	9.30	5.00	COV	8		ļ			<u> </u>	<u> </u>
	wh p.p.q.	10.00	11.00	CON	.8		<u> </u>		<u> </u>	ļ	<u> </u>
1 .	who Scruting	6 000	7.30		8		-	<u></u>		<u></u>	
. 1	~~~~	9.00	5 co	cov	8		<u> </u>	<u></u>	<u> </u>		_
b . *	anny sanda	1:30	2.30	COY	8		<u> </u>		<u> </u>		<u> </u>
	en-c Acanda	1.30		COV	8		!				
A L	blic Ams Steering	2.00	345	Corr	8		N SON LOS A 16 THE SEA SEA SEA				
٠.١ \	K-2 VISITS	11.25	1 ~		8				SF.		1
	~~~~~	9.30	تت. 5	COV	8						1
	enting Training	10.00	1230	Cor	8		<u> </u>		<u> </u>	<u> </u>	_
Jan 1 (	enside	5.00	6.00	COV	8				<u> </u>	<u> </u>	_
U Sept SOC	ial needs Transport P.D.G.	17.00	1.56	con	<u> </u>		<u> </u>		<u> </u>		_
	formal council	5:00	6.15	CCV	8	<u> </u>			<u> </u>		_
. *.1	Stitution P.D.G.	11.30	1.30	Ç:CY	8				<u> </u>	<del> </del>	_
007 3	snn-y	9,50	5,00	Cerl	1×	<u> </u>	<u> </u>		<u> </u>	<u> </u>	_ [
	an in Aganda	1.30	2.30	CCT	8				!		4
D.CCT Adv	ule Senoring	6.00	6.45	COY	8	<u>.</u>	-	ļ	<u> </u>		_
1 1 .	censina	10.00	1200	Cav	8					<del> </del>	_
	MAS	3.00	430	COY	18					<u> </u>	- !

## 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.

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## **BOLTON METROPOLITAN BOROUGH COUNCIL**

#### MEMBERS ALLOWANCES CLAIM

		141171415	
Claim for Month of $\triangle \cup \triangleleft$ Car (Make/Model) $\bigcirc \triangleleft \square$	hor der	tupby	Name of Member MARY Wood WARD Pay No.  (Block capitals please)  Registration No
Metropolitan Borough Counc the rates determined by Bolto I declare that the particulars i	ril; that I have actually in Metropolitan Borou inserted on this form a	paid the fares and made othe gh Council. re correct. Except as shown, I	and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton er payments shown on this form; and that the amounts claimed are strictly in accordance with 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.
(b) I am the holder of a currer Signed	nt driving licence an	d have adequate insurance  MEMBER	e cover for the use of my vehicle on Council business. (For Car Allowance claimants only)  Date  Date
		FOR OFFICIAL USE	ONLY (Completed by Committee & Members Services)
	Amount		Miles
	£:p		152
* Subsistence Allowance	:	Normal Mileage	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:		312 By. CM
Travel Reimbursement (e.g. Car Park, taxis)	. :		Date: 8 1.07

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

Dependent Carer's

Allowance

A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLU	Particulars of Journeys		Mode	Miles	Dependent Carers		Fares an	Subsistence			
Date .	Description of Approved Duties,	į	e of	of	". ,	Allowa		Exper	` I	Allowa £	
	including Locations (From & Ton	Departure	Return	Travel	Claimed	£	P	£	P :	E	<u> </u>
4 005	Planning	9.30	14.30	COY	8		<u> </u>		<u> </u>	<del></del>	<del>-</del>
ovec1	Olannia Agenda	1.30	2.30	C07							<u> </u>
LUCCT	hicarsic	2.00	3.30	COV	8						<u> </u>
Siscot	courcil	7.55	930	COV	8						<u> </u>
brocs	Comblic C.D.a	1000	Ι.	COV	8		Ì				
12001	Adah D.D.C.	10.00	1130	COV	8						<u> </u>
"SWEV	Manning	9.30	4.00	Cov	8		ويوردا الشار شاوا ووروسي	, distribution of the second	7,54 %	<u></u>	
rci NEV	Mannin a Agenda	1.30	1	t .	8	46					<u> </u>
દો ો	informal council	5.00	630	cor	8	10 P					<u> </u>
, é	Heart Scruting	9.15	11.00	cov	જ *			T, produced		<u></u>	<u>.</u>
NON	Prositive Action	14.30	6.00	cov	8						<u> </u>
NOV	GOV GODERN FMONTS	10.00	11.00	Car	8						
NON.	children's care	12.00	3.00	cair	8						_
6"NCV	planning	9.30			8						<u>.</u>
1 NOV	planning Agenda	1.30		COV	8						
PUOV	Adult P.D.C.	9.50	11.00	COV	8	<u></u>	<u> </u>				
JUOV	Licensici	2.00	4.00	COV	8		<u> </u>				
242	Area Jordan	7.00	8.30	1				ļ			
Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	older peoples portnership		12.00		8	,					
74 Nev	5154 V-5155		4.00		8						

### 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 AAA	Feb March	S20 <u>67</u>	Name of Member HAG (Block capitals please)	LY WOODWARD	Pay No.
Car (Make/Model) Clin	Reon C	<u> </u>	Registration No.	Exact Cubic Cap	pacity 1 2 TV cc.
- · ·	cil; that I have actuall	y paid the fares and made other	<del></del>	enabling me to perform duties as a Mem and that the amounts claimed are strictly	
<del>-</del>		are correct. Except as shown, I ha e or attendance allowance in con		e, any claim under any enactment for tra d on this form.	welling or subsistence
(b) I am the holder of a current SignedApproved	nt driving licence a	MEMBER  FOR OFFICIAL USE O	D	ateate	r Allowance claimants only)
	Amount	TOR OTTEME OFF	Miles	inco o monoco oco occu,	•
	£:p		NAMES	•	
* Subsistence Allowance		Normal Mileage	64.	Details input onto Payroll s	ystem:
Subsistence Allowance (Taxable)	;			By: Civi	
Travel Reimbursement (e.g. Car Park, taxis)		That Gr wow	» 224	Date: 19.4.07	
Dependent Carer's Allowance	:	Total for form			

#### Notes:

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

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

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

Particulars of Journeys				Miles	Dependent Carers		Fares an	d other	r Subsistenc		
Description of Approved Duties,	Tim	e of	of	}	Allow	ance	Expe	nses	Allowar	nce	
including Locations (From & To)	Departure	Return	Travel	Claimed	£	P	£	P	£	P	
28 feb council.	7.00	10.15	Cay	8		į.				<u>i</u>	
1 MARy Licensing hearing	10.00	_		8				:			
13MARCH Adult POU.	1.30	2.00	COV	18				<u> </u>		<u> </u>	
12 Mach Africa cone	10.00	11.30	COV	8							
Harrish premier pau.	14.00	6.00	COV	8							
15 Hord Puplic Adis Steering group		3.30		8							
20 Mord Licensing.	1	4.00		8						<u> </u>	
22 Mordy planning	9.00	4.30	COV	8							
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CLAIMS MUST BE SUBMITTED BY THE  $2\pi d$  OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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

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

### **BOLTON METROPOLITAN BOROUGH COUNCIL**

#### MEMBERS ALLOWANCES CLAIM

Claim for Month of $54 \times 10^{-1}$ Car (Make/Model) $1110$			Name of Member Mary Woodwar Pay No.  (Block capitals please)  Registration No.  Exact Cubic Capacity  LTT cc.
DECLARATION:  (a) I declare that I have actually a Metropolitan Borough Counce the rates determined by Bolto I declare that the particulars it expenses or allowances, or fin	and necessarily incur ril; that I have actual on Metropolitan Boro nserted on this form nancial loss allowand	rred expenditure in travelling and s ly paid the fares and made other pa ough Council. are correct. Except as shown, I hav te or attendance allowance in conne	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 eve not made, and will not make, any claim under any enactment for travelling or subsistence section with the duties indicated on this form.  Exercise the use of my vehicle on Council business. (For Car Allowance claimants only)  Date  Date
		FOR OFFICIAL USE ON	NLY (Completed by Committee & Members Services)
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's Allowance	Amount £:p :	Normal Mileage Total for forms	Miles  160. Details input onto Payroll system:  By:  Date:

#### Notes:

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

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

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

	Particulars of Journeys			Mode	Miles	Dependent	Carers	Fares and	lother	Subsiste	ence
Date.	Description of Approved Duties,	Tim	e of	of		Allowa	nce	Expen	șes	Allowar	nce
	. including Locations (From & To )	Departure	Return	Travel	Claimed	£	. P	£	P	£	P
9º San	Abult culture PDG	9.30	رز، رحی	Cov	8						<u> </u>
985m	hicensia	2.00	4.00	COV	8		İ				
10 San	POSITIVE Action	4.00	5.00	COV	8						
11 Son	planning	10.00	4.00	COV	8						<u> </u>
12 don	Planne Acardo	1.30	2.45	COV	8		*******				İ
155an	care leavers	1.00	230		8						
185an	Licensing Hearing	9.30			8						
225m	SRB. evaluation	945	1230		8						
265an	Plann- Agenda	130	245	Car	8						
305m	planning Improvement	10.00			8						
305m	Licensia	2.00	430	COV	8						
1 Feb	Gov pend	2.00	3.00	C67	8						
6 Feb	Adult Scrietury	6.00	7.00	CÓV	X						
8 Feb	Plans is	10.30	,		8						
9ª Feb	Prostitution PDG	1030			8						
19 Feb	LONCIE SURE START	1/2.00	8.00	COV	8.						
21 Feb	COUNCIL	7.00		COY	×	,					
22 Feb	6	<del></del>	430		8						<u> </u>
23.Feb	planning 1		2.30	2007	8			·			<u> </u>
200 1	planning Agenda	2.00	4.00	CEY	<del>Ö</del>						<del>                                     </del>
21 Feb	Licensing	12.00	V.00	UY.	1/0		<u>:</u>				
Deduct any a	amounts received by way of Travelling & Subsistence from any other Au	thorities or boo	lies		100		*****				

### 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

Claim for Month of $\frac{4/69}{2}$	1/2006 To 4/12	/ 20 <u>6</u>	Name of Membe	r AKHTAR	2AMAN	Pay No.
Car (Make/Model)	<u> 1ercedes C22</u>	-0	(Block capitals please) Registration No.	fi.	<u>Exact</u> Cubic	Capacity <u>2155</u> cc.
DECLARATION:  (a) I declare that I have actually Metropolitan Borough Cour the rates determined by Bol	y and necessarily incur ncil; that I have actually ton Metropolitan Boro	red expenditure in travel y paid the fares and mad- ugh Council.	e other payments shown on thi	s form; and that the a	nounts claimed are stricti	y in accordance with
expenses or allowances, or f (b) I am the holder of a curre Signed Approved	manciai loss allowanci	e or attendance allowance	wn, I have not made, and will e in connection with the duties rance cover for the use of n	indicated on this form  y vehicle on Counc	•	r Car Allowance claimants only)
		FOR OFFICIAL	USE ONLY (Completed	by Committee & Men	ibers Services)	
	Amount £:p		Mile		our a survices j	
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis)	27 :08 3 :60	Normal Mile	age 63	B	etails input onto Payro 7: CM	oll system:
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.

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

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



	Particulars of Journeys					Dependent Carers		Fares and Expens		Subsistence Allowance		
<del></del>	Description of Approved Duties,	Tim	e of	of		Allow £	ance p	£	p	£	p	
Date	including Locations (From & To )	Departure	Return	Travel	Claimed		<u> </u>			Ь	77	
1 01-1	Home to Town Hall	9.45	5.60	Car	1	<del> </del>	<del>-</del>				$\dot{\top}$	
109/06	Home to lown Hall Town Hall, Home to The Valley	3-45	6.00	Car	3	<u> </u>					Ť	
104/06	111/1	8.15	4.00	Car		· ·	<u> </u>	<u> </u>		6	7-	
09 (.06		11.00	4.00	tar	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		+'	
109/06		10-00	5.00	Car	1		<del>-</del>		╄─┤		╬	
5/09/06	Home to Tow Hall	10 - 60	5.30	Car	<u>                                      </u>			ļ			$\dotplus$	
2/10/06	Home to Town Hall	8-15	3.30	Car	<u> </u>						<del> </del>	
9/10/06	Home to Town Hall	11.00	6.00	Car	l.				<u></u>	6	<del></del> -	
0/10/06	Home to Town Hall		8.30	lan	24	a manage areas				6	7	
3/10/06	Home to Town Hall	9.00	10.50	Cer	3						+	
0/10/06	Home to The Valley			Car							ᆜ_	
oliolob	Home to Town Hall	10.15	12.00	Car	34			3	60			
0 (0/06	1 10 10 00		3-60		1	-						
6 14 06	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(0.00	3-00	Car	1							
3/11/06	home to Town Hall	12.30	5.00	Car			<del></del>	1				
1 .	Home to Town Hall	9.00	11-60	Car	<del>                                     </del>			+	<del></del>			
111106	11.11	9.00	11-30	Car		<del> </del>			$\dagger$		十	
7/11/06	· T Holi	10.00	5-00	<u>Car</u>	<del>                                     </del>	_		<del> </del>	-		一	
6/11/06	THOMAS IN THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT	10.00	3.00	Car	<del>                                     </del>	_		<del> </del>	<u> </u>	<del> </del>	十	
7/11/06	41.11	9.30	4.00	Car	1 !		_ <del> </del> _				$\dashv$	
4/12/01		8.50	9.30	Car	9					<del>                                     </del>	+	
08/12/0	6 Home to Reabot				65			3	60	27	O	

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

# **BOLTON METROPOLITAN BOROUGH COUNCIL**

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#### MEMBERS ALLOWANCES CLAIM

مسك							
Claim for Month of Dec	/ Jan 20	27_	Name of Member	Akhtar	Zamair	Pay No	
Car (Make/Model) M	ercedes 62	20	(Block capitals please) Registration No.		Exact Cubic	Capacity 2155 cc.	
Home Address 131	Mayor St	Bolton	3L1 4S.J				
<b>DECLARATION:</b>							
(a) I declare that I have actually Metropolitan Borough Count the rates determined by Bolto	cil; that I have actually pai	d the fares and made oth	and subsistence for the purpose ter payments shown on this for	e of enabling me to j n; and that the amo	perform duties as a Mei unts claimed are strictly	mber of the Bolton y in accordance with	
I declare that the particulars expenses or allowances, or fi	inserted on this form are o nancial loss allowance or a	orrect. Except as shown, ttendance allowance in	I have not made, and will not no nonnection with the duties indicates indicates in the duties indicates in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the duties in the dut	nake, any claim und ated on this form.	er any enactment for tr	avelling or subsistence	
(b) I am the holder of a curre	nt driving licence and h	ave adequate insuran	ce cover for the use of my ve	ehicle on Council	business. (Fo	r Car Allowance claimants only)	
Signed		MEMBER	•	Date30(0	1/07		
Approved		. •		Date			
	F	OR OFFICIAL U	SE ONLY ( Completed by C	ommittee & Memb	ers Services)		
•	Amount		Miles				
	£:p		., =	İ			
* Subsistence Allowance	:	Normal Mileage	16-3	Det	ails input onto Payro	oll system:	
Subsistence Allowance (Taxable)	6 :77		16	Ву:	cm		
Travel Reimbursement (e.g. Car Park, taxis)	:			Dat	re: 1.2.07		
Dependent Carer's			•			·	
Allowance	1 :						

#### Notes:

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	Particulars of Journey			Mode	Miles	Depender Allow		Fares and		Subsiste Allowa	
Date	Description of Approved Duties, including Locations (From & To )	Tin Departure	ie of Return	of Travel	Claimed	£	p •	£	P	£	P
11/12:06	tieme to Town Hall (Return)	8-30	13-30	Car	1_		:	-			
11/12/06	Home to Town Hall (Return)	17-30	20-30	Car	1						<del> </del>
18/12/06	Home to Town Hall (Return)	9-00	16.00	Car					<u>!</u>	· ···	<del>                                     </del>
08/01/07	Home to Town Hall (Return)	9-00	16.00	Car							<u> </u>
15/01/07	Home to Town Hall (Peturn)	9-30	12.no	Car	<u> </u>		<u> </u>				<u> </u>
22/4/67	francis train skyll years Commity bety	,					<del> </del>				<u> </u>
16/01/07	Home to Valley School (Return)	18.30	20.30	Car	3	ļ	<u> </u>				
17/01/07	Home to Town Hall (Return)	9.30	11.15	Car	<u> </u>		<u> </u>				<u> </u>
22/01/07		9-30	13-00	Car	2.5						<u> </u>
, ,	Home to Victory CC to Town Hall to Home Home to Town Hall (Return)	14.15	16-30	Car	i		<u> </u>				<u> </u>
22/01/07	10 10 10 10 10 10 10 10 10 10 10 10 10 1	17.45	19-15	Car							
22/0/07		10.15	15.30	Car	1		<u> </u>		<u> </u>	6	77
29/01/07		17.45	19-30	Car	r _						
24/01/07	2 4 6 2	13.45	<u> </u>	Car	i						<u> </u>
30/01/07	thome to Town tall (Petern)	13.7.7.							,		
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

# **BOLTON METROPOLITAN BOROUGH COUNCIL**

#### MEMBERS ALLOWANCES CLAIM

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Claim for Month of	Feb 20		Name of Member	Khtar Zaman	Pay No
Car (Make/Model)/	Mexades 622		Registration No.		Exact Cubic Capacity 2155 cc.
Home Address 131	MAYOR ST	ROLTON BLI 4	SI	•	
Metropolitan Borough Cou the rates determined by Bo I declare that the particular expenses or allowances, or	ncil; that I have actually p lton Metropolitan Borougl s inserted on this form are financial loss allowance or	nid the fares and made other pay: n Council.	ments shown on this form; not made, and will not ma ion with the duties indicat	and that the amounts cla ke, any claim under any c ed on this form.	·
		FOR OFFICIAL USE OF	VLY ( Completed by Con	nmittee & Members Serv	ices)
* Subsistence Allowance Subsistence Allowance (Taxable) Travel Reimbursement (e.g. Car Park, taxis) Dependent Carer's	Amount £:p :	Normal Mileage	Miles 18	Details inp By: Date:	out onto Payroll system:
Dependent Carers 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.

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	Particulars of Journeys			Mode	Miles	Dependen Allow		Fares and		Subsiste Allowa	
Date	Description of Approved Duties,	Tim Departure	e of Return	of Travel	Claimed	£	p	£	P	£	p
	including Locations (From & To )			car	ì					,	
05/02/07	Home to Town Hall	11.00	5-0		,						
12/02/07	Home to Town Hall	9.00	5.0	Cax		<u> </u>	<u> </u>				
13/02/07	Home to Town Hall	6000	8.0	Cax	<u> </u>		<del>                                     </del>	<del> </del>			<del>i -</del>
	Home to Town Hall	3.30	6.00	Car	<u> </u>	<u> </u>	<del>-</del>	<del> </del>	<u> </u>		<del></del>
15/02/07	- FIGURE 1 - DEFE	9.00	4.00	Car	1	<b> </b>	<u> </u>	<del> </del>			<del>!</del>
19/12/07	11 (1)	6.30	9.00	Car	ı	<u> </u>	<u> </u>		<u> </u>		<u>!</u>
21/02/07	16.11	12-30	9.00	Car	<u> </u>		<u> </u>	ļ	<u> </u>		<u> </u>
26/02/07	710 000	1 30	4.00	Car	1.	ļ	<u> </u>				<u> </u>
27/02/07	Home to Town Hall	8-30	1.(5	Car	9				<u> </u>		<u> </u>
2802/07	Home to Reebok Stadism			Car	,	1			İ		
28/02/07	Home to Town Hall	6.30	10.00	Lear							
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			<u> </u>	- <del>                                     </del>			<del></del>				İ
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CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

# BOLTON METROPOLITAN BUKUUGH GUUNGIL

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### MEMBERS ALLOWANCES CLAIM

MEMBERS ALLOWANCES CLARVI									
<u> </u>			Name of Member	Akhtar	Zaman	Pay No.			
Claim for Month of Marc		(	(Block capitals please) Registration No.		Exact C	ubic Capacity 2155 cc.			
Car (Make/Model) // ero	e ous		Registration 140.						
Home Address 131 M	layor SF	Bolton							
DECLARATION:  (a) I declare that I have actually an  Metropolitan Borough Council	nd necessarily incurred; ; that I have actually p	d expenditure in travelling and s aid the fares and made other pa				·			
			e not made, and will not	make, any claim	under any enactmer	it for traveling of subsistence			
17 acc of HTS	200121 1035 400 1170 1170 1	71 W-2-2							
(b) I am the holder of a curren			are for the use of my	rehicle on Cour	ncil business.	(For Car Allowance claimants only)			
(b) I am the holder of a curren	t driving licence and	d have adequate insurance co	iver for the abe of my		1 1 7				
Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya		MEMBER		Date3 <u>_</u>	103101	•			
Signed		•		Date					
Approved					t - Coming				
		FOR OFFICIAL USE C	ONLY (Completed by	Committee & Mi	embers Services )				
1	Amount		Miles						
,	£:p		0 0		•				
	£.γ	Normal Mileage	2B	-	Details input onto	o Payroll system:			
<ul> <li>* Subsistence Allowance</li> </ul>	, <b>:</b>	140121				•			
Subsistence Allowance (Taxable)	;				Ву:				
Travel Reimbursement (e.g. Car Park, taxis)	:				Date:				
Dependent Carer's Allowance	:								

#### Notes:

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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.

West Control

Particulars of Journeys				Mode	Miles	Dependent Carers Allowance		Fares and other Expenses		Subsiste Allowa	
Date	Description of Approved Duties,	Tim Departure	e of Return	of Travel	Claimed	£	р	£	р	£	P
	including Locations (From & To )		17.00	Car							<u> </u>
05/03/07	Home to Town Hall (Leturn)	11.00			,						
12/03/07	Homme to Town Hall (Return)	10.00	1500	Car							
12/03/07	Home to town Hall (Return)	1660	17 00	Car	2						
13/03/07	time to UCAN Centre (Return)	1845	1900	Car	1	<del></del>	<del></del>				
'. '. '	Home to Town Hall (Return)	10.00	12:00	Car							
19/03/07	to (1 / D. Hern)	1330	1500	Car		<del> </del>	-	+	-		
19/03/07	TEME TO HILL ( D. K )	1745	2030	Car	1	<del> </del>		<del> </del>			i -
4/03/07	Tione to con the first D. Freeze	10.00	1530	Car	1	<del> </del>		<del> </del>	-	<u></u>	1-
26/03/07	Time to the ( a fuge)	1745	1930	Car	1		_	<u> </u>			1
26/0407	Home to Town Hall (Return)					<del> </del>	-				+-
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L	L Subsistence from any other Au	1	_ dies		10						

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