

Improving life for local people

MEMBER'S ALLOWANCES

Claim by Elected Member of Derbyshire County Council

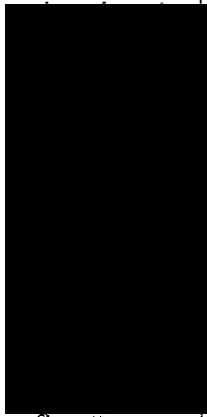
Support & Employment Team

14 OCT 2011

Received

MEMBER'S NAME: MICHELLE SOUTH
ADDRESS: 39 HOUGHTON ROAD
LACESTON

Vehicle Re
Exact C.C
Insurance



Tick as appropriate	
I have a fuel VAT receipt which I have retained	<input type="checkbox"/>
I have attached a fuel VAT receipt to this claim	<input checked="" type="checkbox"/>
I do not have a fuel VAT receipt	<input type="checkbox"/>

Guidance Notes

- This form should be used to claim carers allowance, mileage, fares, parking fees and subsistence allowance.
- Please complete at least monthly.
- Please refer to the Members Allowances Scheme when completing this form, also available on the Council's website at www.derbyshire.gov.uk/council/members_allowances. For any queries on vehicle licencing and health standards, you should contact the DVLA at www.dvla.gov.uk.
- Subsistence payments can only be made tax-free when the official duty is more than 5 hours duration and more than 5 miles from base.
- If you have any problems please contact the Members Allowances Section in Room 202 or Ext 7717 - Mary Cundy.

CERTIFICATION BY MEMBER: I DECLARE THAT:-

- I have actually and necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a member of the Derbyshire County Council.
- I have actually paid the fares and made the other payments shown.
- The amounts claimed are strictly in accordance with the rates determined by the Council.
- I have a current full licence to drive the vehicle used and I have valid insurance; this covers me for business use and indemnifies the Authority against third party claims.
- My vehicle is taxed, has a valid MOT certificate (if older than 3 years) and is in roadworthy condition. I do not have any physical or mental disability/condition which affects my fitness to drive or take any drugs or substances which could impair my ability to drive.
- I claim carers allowance only in order to perform approved duties.
- The statements above and on the supplementary sheet attached are correct. Except as shown I have not made and will not make any claim under any enactment for travelling or subsistence expenses, or carers allowance in connection with the duties indicated above.

Signature of Member:  Date: 12-10-11

£	P
SUMMARY: (for office use only)	
Car Allowance:	
..... 160 Miles at 45 p	
..... Carers 80 e SP	72.00
Fares and other Authorised Payments	4.00
Taxable Subsistence Allowance	
Non-Taxable Subsistence Allowance	
Carers Allowance	
Miscellaneous	
	76.00
TOTAL AMOUNT DUE £	
Calculations Checked	me
Calculations Verified	Noby
Authorised for Payment	