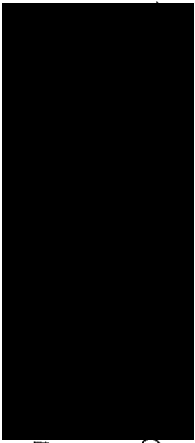


MEMBER'S NAME: **KEW, STEVENSON**  
ADDRESS: **5, LEAKS LANE, BAKEWELL, DERBYSHIRE, Notts, S80 4PP**  
...**LEAKS LANE, BAKEWELL, Notts, S80 4PP**

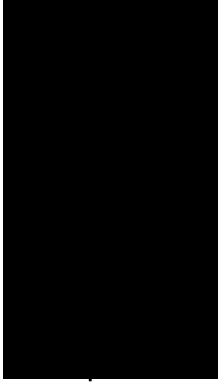
Vehicle Reg:   
Exact C.C.:  
Insurance C.C.:

**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](http://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](http://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: **4/1/12**

<b>Tick as appropriate</b>	
I have a fuel VAT receipt which I have retained	✓
I have attached a fuel VAT receipt to this claim	✓ (copy)
I do not have a fuel VAT receipt	

	£	p
<b>SUMMARY: (for office use only)</b>		
Car Allowance:		
..... <b>138</b> ..... Miles at <b>45</b> p		<b>62 10</b>
Fares and other Authorised Payments		
Taxable Subsistence Allowance		
Non-Taxable Subsistence Allowance		
Carers Allowance		
Miscellaneous		
<b>TOTAL AMOUNT DUE £</b>	<b>62</b>	<b>10</b>
Calculations Checked	<b>MC</b>	
Calculations Verified	<b>SJP</b>	
Authorised for Payment		<b>RS</b>

