



Improving life for local people

# MEMBER'S ALLOWANCES

Claim by Elected Member of Derbyshire County Council

MEMBER'S NAME: Wayne Mayer  
ADDRESS: 42 Recreation Rd  
Sandyacres NG10 5BW

Vehicle Reg.   
Exact C.C.   
Insurance O 


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

### 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 DVL A 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: 15/2/11

	£	P
<b>SUMMARY: (for office use only)</b>		
Car Allowance: <u>1.88</u> Miles at <u>45</u> p		<u>84.60</u>
Fares and other Authorised Payments		
Taxable Subsistence Allowance		
Non-Taxable Subsistence Allowance		
Carers Allowance		
Miscellaneous		
<b>TOTAL AMOUNT DUE £</b>		<u>84.60</u>
Calculations Checked		<u>mc</u>
Calculations Verified		<u>SSP</u>
Authorised for Payment		