

Members' Allowances

Claim by Elected Member of Derbyshire County Council

MEMBER'S NAME: Angelique Foster

Employee Number
ADDRESS
Vehicle Registration Number
Exact C.C:

Fuel Type
Petrol
Diesel
LPG
Electric
Petrol Hybrid
Diesel Hybrid

Insurance Company:

SUMMARY: (for office use only)	
Car Allowance:	
240 Miles at 0.45	108.00
0 Passenger miles at 0.05	0.00
Fares and other Authorised Payments	0.00
Subsistence Allowance	0.00
Carers Allowance	0.00
TOTAL AMOUNT DUE	108.00
Calculations Checked	<u>mc</u>
Calculations Verified	<u>[Signature]</u>
Authorised for Payment	<u>[Signature]</u>

Guidance Notes

1. This form should be used to claim carers allowance, mileage, fares, parking fees and subsistence allowance.
2. Please complete at least monthly.
3. Please refer to the Members' Allowances Scheme when completing this form, also available on the Council's website at www.derbyshire.gov.uk/council/councillors/members-allowances/members-allowances-scheme. For any queries on vehicle licensing and health standards you should refer to the DVLA website at www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency
4. Subsistence payments are only payable in exceptional circumstances
5. If you have any problems please contact the Technical Allowances Section in Room 137 or Ext 38717 - Mary Cundy or another member of the team

CERTIFICATION BY MEMBER: IDECLARE THAT:-

1. 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 Derbyshire County Council.
2. I have actually paid the fares and made the other payments shown.
3. The amounts claimed are strictly in accordance with the rates determined by the Council.
4. 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.
5. My Class B 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.
6. I have retained a VAT receipt for all mileage claims
7. I claim carers allowance only in order to perform approved duties
8. 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 and carers allowance in connection with the duties indicated above.

Signature of Member:

[Redacted Signature]

Date: 30-1-19

Members' Allowances

Claim by Elected Member of Derbyshire County Council

Date	Place of Departure	Place of Return	TIMES		DETAILS OF APPROVED DUTIES			Names of Passengers	No. Miles if by private Car		Fares / Authorised Payments	Subsistence Allowance	Carers Allowance
			Depart	Return	Time	Venue	Description		Miles	Passenger Miles			
5.12.18	Dronfield	Dronfield	8.00	5.00			DCC Meetings		30				
6.12.18	Dronfield	Dronfield	8.00	5.00			DCC Meetings		30				
12.12.18	Dronfield	Dronfield	8.00	11.00			DCC Meetings		30				
12.12.18	Dronfield	Dronfield	16.30	18.30			DCC Meetings		30				
13.12.18	Dronfield	Dronfield	8.00	14.00			DCC Meetings		30				
18.12.12	Dronfield	Dronfield	8.00	14.00			DCC Meetings		30				
19.12.12	Dronfield	Dronfield	8.00	13.00			DCC Meetings		30				
20.12.12	Dronfield	Dronfield	9.00	17.30			DCC Meetings		30				
									240	0	0	0	0
Total brought forward from supplementary sheet(s)													
TOTALS CLAIMED:									240	0	0	0	0