

DCC Members Allowances

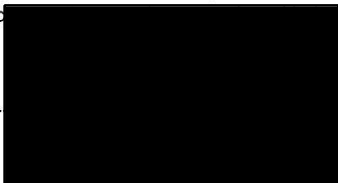
Guidance Notes

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/members_allowances. For any queries on vehicle licensing and health standards, you should contact the DVLA at www.dvla.gov.uk
4. Subsistence payments can only be made tax-free when the official duty is more than 5 hours duration and more from base.
5. If you have any problems please contact the Members Allowances Section in Room 207 or Ext 38717 - Mary Cundy

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 the 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 license 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 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 claim carers allowance only in order to perform approved duties
7. 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 conference allowances, or specific attendance allowance, or other duties indicated above.

Signature of Member:



Date:

5/04/18

MEMBER'S NAME

Angelique Foter

ADDRESS

29 Burns Drive
Dronfield
S18 1NJ

Vehicle Registration Number:

Exact C.C:

Insurance Company:



Tick as appropriate

I have a fuel VAT receipt which I have retained	
I have attached a fuel VAT receipt to this claim	
I do not have a fuel VAT receipt	√

SUMMARY: (for office use only)			
Car Allowance:			
366	Miles at	£0.45	£164.70
0	Passenger miles at	£0.05	£0.00
Fares and other Authorised Payments			£24.50
Taxable Subsistence Allowance			£0.00
Non-Taxable Subsistence Allowance			£0.00
Carers Allowance			£0.00
TOTAL AMOUNT DUE			£189.20
Calculations Checked <i>mc</i>			
Calculations Verified <i>Moby</i>			
Authorised for Payment <i>GMS</i>			

**PASSENGER'S RECEIPT
TAXICAB FARE**

24 HOUR SERVICE
A·LINE
TAXIS
01246
555·555

DATE: 7-3-18
DRIVER'S NAME: G. Hall
CAB NUMBER: 118

AMOUNT OF FARE: £ _____
OTHER CHARGES: £ 12.00

TOTAL: £ 12.00

**PASSENGER'S RECEIPT
TAXICAB FARE**

24 HOUR SERVICE
A·LINE
TAXIS
01246
555·555

DATE: 7/3/18
DRIVER'S NAME: [Signature]
CAB NUMBER: _____

AMOUNT OF FARE: £ 10.00
OTHER CHARGES: £ _____

TOTAL: £ 10.00