

Members' Allowances
Claim by Elected Member of Derbyshire County Council

CONTROLLED

MEMBER'S NAME: Stuart Britain

Employee Number
ADDRESS



Vehicle Registration Number
Exact C.C: yp59tty

Fuel Type Diesel Petrol
Diesel
LPG
Electric
Petrol Hybrid
Diesel Hybrid

Insurance Company: LV

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 any other claims for mileage expenses and carers allowance in connection with the duties of my office.

Signature of Member: _____



Date: 17/10/19

SUMMARY: (for office use only)	
Car Allowance:	
384 Miles at	0.45
Passenger miles at	0.05
Fares and other Authorised Payments	
Subsistence Allowance	
Carers Allowance	
TOTAL AMOUNT DUE	
Calculations Checked	<u>MC</u>
Calculations Verified	<u>PP</u>
Authorised for Payment	<u>MS</u>

172.80

172.80

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
			Depart	Return	Time	Venue	Description		Miles	Passenger Miles		
01/02/2019	HOME	HOME	10.00	12.00		CHALL	VISIT TO HIGHWAYS HUB		24			
14 2 18	HOME	HOME	1300.00	1700.00		CHALL	AUDIT COM		24			
14 3 18	HOME	HOME	830.00	1700.00		CHALL	LABOUR GROUP AND STRASTGIC HIGHWAYS		24			
28 3 18	HOME	HOME	1300.00	1800.00		CHALL	AUDIT COM		24			
11 4 18	HOME	HOME	1300.00	1800.00		CHALL	COUNCIL MEETING		24			
8 / 5 / 18	HOME	HOME	1230.00	1500.00		CHALL	MEETING COUN ANNNE WESTON		24			
06/06/2018	HOME	HOME	830.00	1500.00		CHALL	LABOUR GROUP		24			
13/06/2018	HOME	HOME	1300.00	1730.00		CHALL	AUDIT COM		24			
11/07/2019	HOME	HOME	830.00	1500.00		CHALL	LAB GROUP		24			
26/07/2019	HOME	HOME	1300.00	1730.00		CHALL	AUDIT COM		24			
12/09/2018	HOME	HOME	830.00	1500.00		CHALL	LAB GROUP		24			
08/10/2019	HOME	HOME	10.00	12.00		CHALL	COUNTY HALL TO SEE KEVIN RE IT Officer		24			
05/12/2018	HOME	HOME	930.00			CHALL	LAB GROUP COUNTY HALL		24			
08/01/2019	HOME	HOME	900.00	1300.00		CHALL	DOMESTIC ABUSE WORKSHOP		24			
06/02/2019	HOME	HOME	830.00	1800.00		CHALL	LAB GROUP COUNCIL COUNTY HALL AND COUNCIL		24			
Total brought forward from supplementary sheet(s)												
TOTALS CLAIMED:										360		

384