DCC Members Allowances

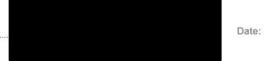
Guidance Notes

- 1. This form should be used to claim carers allowance, mileage, fares, parking fees and subsistance allowance.
- 2. Please complete at least maonthly.
- 3. Please refer to the Members Allownaces 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. Subsistance payments can only be made tax-free when the official duty is more than 5 hours duration and more than 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 subsistance 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 validMOT 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 subsistance expenses, or conference allowances, or specific attendance allowance, or care

Signature of Member:



Stuart Brittain

6 GROVE FARM CLOSE

BRIMINGTON

CHESTERFIELD

S431QA

Vehicle Registration N Exact C.C:

Insurance Company:



Authorised for Payment

I have a fuel VAT receipt which I have retained

have attached a fuel VAT receipt to this clain

do not have a fuel VAT receipt



DCC Members Allowances

			TIN	WES		DETAILS		No. of Miles by private car			Subsistance				
	Place of			VIES		DETAILS	OF APPROVED DUTIES		priva	Pass	Fares /	Subsis		Carers	
Date	Departure	Place of Return	Depart	Return	Time	Venue	Description	Names of Passengers	Miles	enger Miles	Authorised Payments	Tax	Non Tax	Allowanc e	Note
3/11/2017	home	HOME	10.00	1500.00		County Hall	MEETING A WESTERN		24						
9/11/2017		HOME	11.00	1600.00		County Hall	meeting k walker		24						
9/11/12017		home	1030			county hall	meeting A western		24	-					
04/01/2018	home	home	1300.00	1800.00		willington	hazardous route inspection		87						
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24/01/2018	home	home	1100	1400		County Hall	meeting k walker com prior		24						
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DCC Members Allowances

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Date	Place of Departure	Place of Return			Time		Description	· Names of Passengers	No. of Miles by private car	Pass enger Miles	Fares / Authorised Payments	Tax	Non Tax	Carers Allowanc e	Notes
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							TOTALS PAGE 2			0	£0.00	£0.00	£0.00	£0.00	
							TOTALS PAGE 1			0	Contract of the last of the la				
							TOTALS CLAIMED		0	Construction of the last					
									183						

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