

MEMBER'S ALLOWANCES
Claim by Elected Member of Derbyshire County Council

MEMBER'S NAME: CLAIR STEPHEN BULL
ADDRESS: 53 GREENWAY
ASHBORNE DERBYSHIRE

Vehicle Reg. No: ..

Exact C.C.

Insurance Company ..

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 licencing 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 than 5 miles from base.
5. 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:-

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 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 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 carers allowance in connection with the duties indicated above.

Signature of Member:

Date: 8/5/18

Tick as appropriate

- | | |
|--|-------------------------------------|
| 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 | <input checked="" type="checkbox"/> |

SUMMARY: (for office use only)

Car Allowance:

..... 326 Miles at 45 p

Fares and other Authorised Payments

Taxable Subsistence Allowance

Non-Taxable Subsistence Allowance

Carers Allowance

Miscellaneous

TOTAL AMOUNT DUE £

Calculations Checked

Calculations Verified

Authorised for Payment

£ p

146.70 ✓

7.50 ✓

154.20 ✓

mc

SG

AG

Date	Place of Departure	Place of Return	TIMES		DETAILS OF APPROVED DUTIES	Names of Passengers if Travel by Private Car	No. Miles if by Private Car		Fares and other authorised payments £ p	Subsistence		Carers Allowance	
			Depart	Return			Miles	Passenger Miles		Tax £ p	Non-Tax £ p	£	p
12/1/18	ASHTON	ASHTON	7.15	8.30	SHIRLEY P.C.		14						
14/1/18	ASHTON	ASHTON	8.30	5.8	GROUP MEETING TRAINING ✓		30						
15/1/18	ASHTON	ASHTON	7.15	9.10	WYASTON & EDLSTON P.C.		9						
23/3/18	ASHTON	ASHTON	3.00	4.30	MEETING WITH GYAN JUTAN ^{BOLTON}		20						
9/4/18	ASHTON	ASHTON	4.15	8.30	5 D CA MEETING		30						
11/4/18	ASHTON	ASHTON	8.30	5.30	GROUP & FULL COUNCIL		30						
18/4/18	ASHTON	ASHTON	10.15	12.02	VITAL EARTH		4						
29/9/18	ASHTON	ASHTON	7.15	8.45	SNELSTON P.C.		8						
24/1/18	ASHTON	ASHTON	8.30	2.00	MEETING WITH Cllr ALEX DALE		30						
25/4/18	ASHTON	ASHTON	9.15	11.45	A.C.T. 05		4						
26/4/18	ASHTON	ASHTON	12.30	4.00	CABINET		30						
1/5/18	ASHTON	ASHTON	12.30	2.50	MEETING Cllr LEWIS - ROS SAUNDERS		30						
1/5/18	ASHTON	ASHTON	7.00	9.15	DOVERIDGE P.C.		26						
2/5/18	ASHTON	ASHTON	7.00	9.30	BRILSFORD		14						
6/5/18	ASHTON	ASHTON	8.45	6.55	CALL IN MEETING		30						
8/5/18	ASHTON	ASHTON	7.00	8.30	ALKINGTON P.C.		17						
	FRIDAY	2ND FEBRUARY			CAR PARKING FOR SCALE L.77 NOTTINGHAM DID NOT PRINT A RECEIPT.*		4		7 50 *			(checked was not claimed on last claim)	

Total brought forward from supplementary sheet(s)

TOTAL CLAIMED:

326	7 50		
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