

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

MEMBER'S NAME: CUR STEVE BULL  
 ADDRESS: 55 GREENWAY  
 ASHBOURNE DERBYSHIRE  
 Vehicle Reg. No: [REDACTED]  
 Exact C.C. [REDACTED] Personal  
 Insurance Company [REDACTED]

**Guidance Notes**

- This form should be used to claim carers allowance, mileage, fares, parking fees and subsistence allowance.
- Please complete at least monthly.
- 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](http://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](http://www.dvla.gov.uk).
- 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.
- 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:-**

- 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.
- I have actually paid the fares and made the other payments shown.
- The amounts claimed are strictly in accordance with the rates determined by the Council.
- 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.
- 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.
- I claim carers allowance only in order to perform approved duties.
- 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: [REDACTED] Personal Date: 29/6/17

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)		£	p
Car Allowance:	170 Miles at 45 p	76.50	✓
Fares and other Authorised Payments			
Taxable Subsistence Allowance			
Non-Taxable Subsistence Allowance			
Carers Allowance			
Miscellaneous			
<b>TOTAL AMOUNT DUE £</b>		76.50	✓
Calculations Checked			mc
Calculations Verified			JF
Authorised for Payment			AS

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	Time	Venue Description		Miles	Pass-enger Miles		Tax £ p	Non-Tax £ p	£	p
5/6/17	Ashtons	Ashtons	6.45	9.45		BOYLESTONE PARISH COUNCIL		20						
6/6/17	Ashtons	Ashtons	8.45	11.40		MEETING SIMON SPENNER BARRY LEWIS SCOUTING	8	30						
6/6/17	Ashtons	Ashtons	6.40	9.30		DOVERIDGE PARISH COUNCIL		26						
21/6/17	Ashtons	Ashtons	9.00	11.20		ASHTONS COMMUNITY TRANSPORT		4						
26/6/17	Ashtons	Ashtons	11.15	3.00		ROZ SAVILGE SCOUTING OFFICER		30						
28/6/17	Ashtons	Ashtons	8.45	4.00		GROUP MEETING ✓		30						
29/6/17	Ashtons	Ashtons	1.00	4.20		CABINET		30						

Total brought forward from supplementary sheet(s)

TOTAL CLAIMED:

170