

WALSH A

DAVID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of APRIL 2006 Name of Member A. S. WALSH Pay No.

Car (Make / Model) TOYOTA Registration No. Exact Cubic Capacity 1998 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed MEMBER Date 19/5/06

Approved Date 22/5/06

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage	63.	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

DWD

Claim for Month of MAY 2006 Name of Member A. S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) TOYOTA Registration No. [REDACTED] Exact Cubic Capacity 1998(D) cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 20.6.06
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount	Miles	
	£		
* Subsistence Allowance	3 : 77.	35.	Details input onto Payroll system: By: Date:
Subsistence Allowance (Taxable)	↓ :		
Travel Reimbursement (e.g. Car Park, taxis)	:		
Dependent Carer's Allowance	:		
		Normal Mileage	

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

D140

Claim for Month of JUNE 20 06 Name of Member A. S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make / Model) TOYOTA Registration No. [REDACTED] Exact Cubic Capacity 1998(D) cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 20/7/06
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	109	Details input onto Payroll system:
Subsistence Allowance (Taxable)	6 : 77			By:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Approved Duties including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
11th	Surveys @ St Bede's - MORRIS GREEK	7 PM	8 PM	CAR	7						
13th	PLANNING:- SITE VISITS	11:30 AM		CAR	7						
13th	WESTHOUGHTON LOCAL NATURE RESERVE	4 PM		CAR	7						
14th	DEVELOPMENT & REGENERATION	4 PM		-	7						
15	PLANNING COMMITTEE	2 PM		-	7						
21	ENVIRONMENT SCRUTINY	5 PM		-	7						
26	HOUSING P.D.S	10 AM		-	7						
26	DEVELOPMENT & REGENERATION SCRUTINY	6 PM		-	7						
27	AUDIT COMMITTEE	10:30 AM		-	7						
28	PLANNING & HIGHWAYS - SITE VISITS	10 AM		-	7						
28	AUDIT COMMITTEE - TRAINING	5 PM		-	7						
28	AREA FORUM - HEATON, LOSTOCK HULT	6:30		-	7						
29	PLANNING & HIGHWAYS - SITE VISITS - COMMITTEE	9:30 AM	4 PM	-	7						6 74
29	RE-CYCLE & WASTE P.D.S	6 PM		-	7						
30	FULL COUNCIL	5 PM		-	7						

109 M@
40RP = 42.21 6 74

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

42.21
48.98

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of July 2006

Name of Member A. S. WALSH

Pay No.

(Block capitals please)

Car (Make/Model) TOYOTA

Registration No.

Exact Cubic Capacity 1998 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed MEMBER Date 20/8/06

Approved Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Miles		
* Subsistence Allowance	:	Normal Mileage	77	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	13 : 54			
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			
Dependent Carer's Allowance	:			
	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

PAID

Claim for Month of Aug 2006 Name of Member A. S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) TOYOTA Registration No. [REDACTED] Exact Cubic Capacity 1995 cc
 Home Address 5 REYNOLDS CLOSE BLSHD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a valid licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 15.06.06
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.
- In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

PRID

MEMBERS ALLOWANCES CLAIM

Claim for Month of Sept 20 06 Name of Member A. S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) TOYOTA Registration No. [REDACTED] Exact Cubic Capacity 1995 cc.
 Home Address 5 REYNOLDS CLOSE BLISIMD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 15 OCT. 06
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Miles	
* Subsistence Allowance	:	Normal Mileage	Details input onto Payroll system: By: <u>CM</u> Date: <u>24/10/06</u>
Subsistence Allowance <i>(Taxable)</i>	13 : 54	105	
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:		
Dependent Carer's Allowance	:		

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	p	£	p	£	p
5	M.S. STRATEGY (LANCS)	5:00PM		CAR	7						
6	COUNCIL	7:00PM		-	7						
12	RE-CYCLED WASTE P.D.S	3:30PM		-	7						
14	PUBLIC ART. STERN SP	2:00PM		-	7						
19	DEV & REGN SCRUTINY (AGENDA)	10:00		-	7						
20	AUDIT COMMITTEE	1:00PM		-	7						
20	AREA FORUM	6:30PM		-	7						
21	PLANNING & HIGHWAYS <small>← SITE VISITS COMMITTEE</small>	9:00	4:30PM	-	7						6 MP
26	SOCIAL NEEDS TRANSPORT P.D.S	12:00		-	7						
27	INFORMAL COUNCIL	4:45PM		-	7						
					70 m						6 MP

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

②
4027

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

PAID

Claim for Month of Oct 20 06 Name of Member A. S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make / Model) TOYOTA Registration No. [REDACTED] Exact Cubic Capacity 1995(D)
 Home Address 5 KEYHOLDS CLOSE BLS 1HD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 6/12/06
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	84	Details input onto Payroll system: By: <u>cm</u> Date: <u>7.12.06</u>
Subsistence Allowance (Taxable)	:		49	
Travel Reimbursement (e.g. Car Park, taxis)	:		133	
Dependent Carer's Allowance	:			
	13 : 54 13 : 54 ----- 27 : 08			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

OCT. 06

Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	p	£	p	£	p
5	PLANNING & HIGHWAYS COMMITTEE ^{SITE VISITS}	8.00	5.00 PM	CAR	7					6	00
11	MULTON LAKE H.A.P	1.00 PM		-	7						
11	ENVIRONMENT SCOPING	6.00 PM		-	7						
16	FORUM - CHAIRS & V. CHAIR	6.00 PM		-	7						
19	PLANNING & HIGHWAYS COMMITTEE ^{SITE VISITS}	9.00	5.00 PM	-	7					6	00
20	SINGLE L. SOINT E.C	9.30		-	7						
31	Re. Cycle P.D.G	3.30		-	7						
	AFFORDABLE WARMTH	6.30		-	-						
						49	19	69	-	13	54

Amounts received by way of Travelling & Subsistence from any other Authorities or bodies
Give particulars

TO BE PAID BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.



Members Services for authorisation.

40.28

TOTAL £ 33.23

BOLTON METROPOLITAN BOROUGH COUNCIL


MEMBERS ALLOWANCES CLAIM



Claim for Month of Nov 2006 Name of Member A. S. WALSH Pay No. 
(Block capitals please)
 Car (Make/Model) TOYOTA Registration No.  Exact Cubic Capacity 1998(D) cc.

DECLARATION: Address: S ~~REDACTED~~ Reynolds Close, Over Hutton, BLS 1HD

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current  and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed  MEMBER Date 6/12/06
 Approved  Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	84	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	13 : 54			
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Nov 06

Date	Particulars Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
1	HULTON LAKE @ VALLEY	10:00		CAR	7						
2	COSTABLE LINDOX	6:00		-	7						
2	PLANNING & HIGHWAYS - SITE VISITS COMMITTEE	9:00	5:00 PM	-	7						6 MM
6	INFORMAL COUNCIL	4:45 PM		-	7						
7	DEV & REGEN SCRUTINY (AGENDA)	10:00		-	7						
8	HULTON, KOSTOCK & HULTON - FORUM	6:30 PM		-	7						
9	P&M TRAINING	12:00		-	7						
14	HOUSING P.D.C	9:30		-	7						
16	P&M - SITE VISITS COMMITTEE	9:00	5:00	-	7						6 MM
20	DEV & REGEN SCRUTINY	6:00 PM		-	7						
23	PUBLIC ART S. GP	2:00 PM		-	7						
23	CHILDRENS SERVICES	4:00		-	-						
30	P&M - COMMITTEE	1:00 PM		-	7						
						840	33	MM			18 54

40.25

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

TOTAL PM 21

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Dec 2006 Name of Member CLER ALAN S. WALSH Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) SIODA. Registration No. [REDACTED] Exact Cubic Capacity 1390 cc.
 Home Address 5 REYNOLDS CLOSE BL5 1HD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 17/1/07

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	73	Details input onto Payroll system: By: CM Date: 25.1.07
Subsistence Allowance (Taxable)	:			
Travel Reimbursement (e.g. Car Park, taxis)	:			
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

PAID.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of JAN 2007 Name of Member CLL. ALAN S. WALSH Pay No. [REDACTED]
(Block capitals please)

Car (Make/Model) SHODA Registration No. [REDACTED] Exact Cubic Capacity 1390 cc.

Home Address S REYNOLDS CLOSE BLS1HD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a [REDACTED] licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 1/3/07

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	81	Details input onto Payroll system:
Subsistence Allowance <i>(Taxable)</i>	6 : 77			By:
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Feb 2007 Name of Member CLLR. ALAN J. WALSH Pay No. [REDACTED]

Car (Make / Model) SHODA Registration No. [REDACTED] Exact Cubic Capacity 1390 cc.

Home Address S REYNOLDS CLOSE BL51HD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 1/3/07

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Normal Mileage	Miles	Details input onto Payroll system:
* Subsistence Allowance	:		77	
Subsistence Allowance (Taxable)	13 : 54		<u>158</u>	By: CM
Travel Reimbursement (e.g. Car Park, taxis)	: 20.31			Date: 6.3.07
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MARCH 2007 Name of Member CLERK ALAN J WALSH Pay No. [REDACTED]

Car (Make / Model) SHODA Registration No. [REDACTED] Exact Cubic Capacity 1390 cc.

Home Address 5 REYNOLDS CLOSE BL51HD

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 8-MAY-07

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	70
Subsistence Allowance (Taxable)	6 : 77		
Travel Reimbursement (e.g. Car Park, taxis)	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: CM
Date: 30.5.07

BOLTON MBC
18 MAY 2007
PENSIONS & FINANCE

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
2	SUSTAIN DEV. SCRVT	1:00 AM		CAR	7						
5	HOUSING P.D.G	9:15 AM		-	7						
7	P&H - SITE VISITS	9:30 AM		-	7						
8	P&H - ^{SITE VISITS} COM MITTEE	10:00 AM	4:00 PM	-	7						
22	P&H - COMMITTEE	2:00 PM		-	7						
23	DOMESTIC ABUSE (T.I.C)	10:00 AM	3:30 PM	-	7						
26	DEV & REGION SERVICE	6:00 PM		-	7						
27	GROUP MEETING WITH S. PARKFIELD	5:00 PM		-	7						
29	CHURCH EX - DINNER	6:30 PM		-	7						
30	SUSTAINABLE DEVELOPMENT (LICH OF V)	7:30 PM		-	7						

BOLTON MP.
18 MAY 2017
PENSIONS SEC.

700 P
40-21

£ = 49.14

6 47

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authentication.

WHITE

MEMBERS ALLOWANCES CLAIM

Claim for Month of MAY & JUNE 2006

Name of Member FRANK R. WHITE
(Block capitals please)

Pay No. [REDACTED]

Registration No. [REDACTED]

Exact Cubic Capacity 1800 cc.

Car (Make / Model) FORD MONDEO

Home Address 23 DOVEDALE Rd BOLTON BL2 5HT

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the [REDACTED] licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed [REDACTED] MEMBER

Date 30 JUNE 2006

Date 30/06/06

Approved [REDACTED]

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p
* Subsistence Allowance	
Subsistence Allowance (Taxable)	40 : 62.
Travel Reimbursement (e.g. Car Park, taxis)	
Dependent Carer's Allowance	

Normal Mileage

Miles
105

Details input onto Payroll system:

By:

Date:

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys					Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Time of Departure Return		£			p	£	p	£	p	
MAY / JUNE	MILEAGE TRAVELLING TO + FROM (LAST OF WORK - 149 FOR MOTION FORM.)				CAR	105						
22/5/06	EXEC. BOARD MEETING + TOWN HALL MEETING TO BRISTOL	9-15	16-00								6	77
23/5/06	EXEC. BOARDING + TOWN HALL MEETINGS	9-15	17-30								6	77
19/6/06	EXEC BOARDING + MAYORAL OFFICE MEETINGS	9-15	18-00								6	77
22/6/06	HR DEPT BOARDING	9-15	17-00								6	77
26/6/06	EXEC. BOARDING + TOWN HALL MEETINGS	10-00	15-30								6	77
30/6/06	H.R. DEPT V&A APP. + THRU MEETINGS + SPECIALIST	9-00	17-00								6	77
											40	62

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

Car travelling expenses claim

Name: FRANK WHITE		Month: MAY + JUNE 2006		
Date	Home/Town Hall	Mileage	Business journey description	Mileage
21/5/06	+ Return	7	MAYORAL SUNDAY	
22/5/06	+ Return	7	TOWN HALL + KERR BOULTON	
23/5/06	+ Return	7	EXEC BRIEFING + BOULTON PLAN	
24/5/06	+ Return	7	YOUTH SERVICES MEETING + HR BRIEFING	
15/6/06	+ Return	7	MAYORAL OFFICE + KERR BOULTON	
17/6/06	+ Return	7	EXEC BRIEFING + MAYORAL PARLOR	
20/6/06	+ Return	7	LADS + GIRLS CLUB	
21/6/06	+ Return	7	H.C.P. MEETING + HR INDUCTION	
22/6/06	+ Return	7	HR DEPT INDUCTION MEETING	
23/6/06	+ Return	7	u	
26/6/06	+ Return	7	EXEC BRIEFING	
27/6/06	+ Return	7	LIC + ENV. COMMITTEE	
28/6/06	+ Return	7	HR EXECUTIVE MEMORANDUM MEETING	
29/6/06	+ Return	7	PLANNING AS SUB L. BYRNE	
30/6/06	+ Return	7	H.R. VER APPLIC. + SPEC. COUNCIL	
Total Mileage		105		
@ rate				
Allowance				

Claim for Month of JULY 2008 Name of Member [REDACTED]
 (Block capitals please) Registration No. [REDACTED] Exact Cubic [REDACTED]

Car (Make/Model) FORD MONDEO
 Home Address 23 DOWDING RD BOLTON BL2 5HT

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.
 I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.
 (For Car Allowance claimants only)

(b) I am the holder of a valid driving licence and have adequate insurance cover for the use of my vehicle on Council business.
 Signed [REDACTED] MEMBER Date 28 July 2008
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Normal Mileage	Miles	Details input onto Payroll system:
* Subsistence Allowance				
Subsistence Allowance (Taxable)	47 : 04.		169	By: <u>ces</u>
Travel Reimbursement (e.g. Car Park, taxis)				Date: <u>31/8/06</u>
Dependent Carer's Allowance				

Notes:
 * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours.
 In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.
Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
JULY	MILEAGE CLAIMED HOME TO WORK + RETURN (ATTACHED)				104						
JULY	MILEAGE CLAIMED DURING COURSE OF DUTIES (ATTACHED)				65						
7 th JULY	EXECUTIVE BUSINESS + THE SERVICES	Home 9:15	14:30							6	72
10 JULY	EXEC BRUF + DEPT + BEMAS	Home 9:30	17:00							6	72
12 JULY	DIRECTION + HR POL + TTS + MAIN SCHOOL	Home 8:30	17:30							6	72
14 JULY	EXECUTIVE BUSINESS + DEPT. BRUF + DEPT	Home 9:30	16:00							6	72
17 JULY	EXEC BRUF + DEPT	Home 9:30	15:00							6	72
18 JULY	COMMONS LADY + LIC ENV. COMMITTEE + DIRECTION DW	Home 9:30	17:45							6	72
21 JULY	DEPT. BUSINESS + VISITS + TRAVEL MAIN SCHOOL LEADER	Home 8:45	16:00							6	72
					169.					47	04

- any amounts received by way of Travelling & Subsistence from any other Authorities or bodies
- dates and give particulars

BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

to Committee and Members Services for authorisation.

Particulars of Journeys					Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	£			p	£	p	£	p	
JULY	MILEAGE CLAIMED HOME TO WORK + RETURN (APPROVED)					104						
JULY	MILEAGE CLAIMED DURING COURSE OF DUTIES (APPROVED)					65						
											6	72
7 th JULY	EXECUTIVE BUSINESS + TRAVEL SERVICES	Home 9:15	14:30								6	72
10 JULY	EXEC BUAER + DEPT + BEMAS	Home 9:30	17:00								6	72
12 JULY	DIAGNOSIS + HR PDR + TTS + PMAH SCHOOL	Home 8:30	17:30								6	72
14 JULY	EXECUTIVE BUSINESS + DEPT BUAER/INCP	Home 9:30	16:00								6	72
17 JULY	EXEC BUAER + DEPT	Home 9:30	15:00								6	72
18 JULY	COMMISSIONS ADMIN + LIC ENV. COMMISSION + INFECTION DW	Home 9:30	17:45								6	72
21 JULY	DEPT BUAER/INCP + VISITS + TRIPS W/24 SCHOOL LEADERS	Home 8:45	16:00									
						169.					47	04

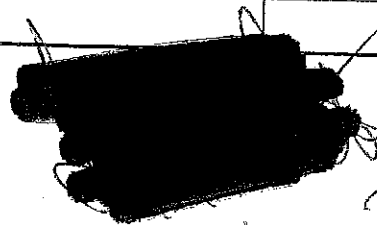
- any amounts received by way of Travelling & Subsistence from any other Authorities or bodies
- dates and give particulars

BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

to Committee and Members Services for authorisation.

Car travelling expenses claim

Name: F. R. WHITE			Month: JULY 2006	
Date	Home/Town Hall	Mileage	Business journey description	Mileage
3rd	+ Return	7	EXEC BRIEF + DEPT. BRIEFING	
3rd	+ Return	7	CORPORATE ISSUES SECURITY COMMITTEE	
6th	Home + Return	6	CAROL HILL CENTRE BRICKLINE DEP	
7th	+ Return	7	EXEC. BUSINESS + Town Hall SONS MEMORIAL	
10th	+ Return	7	EXEC BRIEFING + DEPT BRIEFING	
10th			TRAVEL TO BEMAS MEETING NOT TO T/HALL	7
12th	+ Return	7	HR PDG + T. Y. S. + PAIN SCHOOL	
13th	+ Return	7	ENVIRON. HR. BRIEF	
13th	Home + Ret		TONG MOON SCHOOL GOVERNORS	4
14th	+ Return	7	DEPT. VISIT + BRIEFINGS	
17th	+ Return	7	EXEC BRIEF + DEPT BRIEF	
17th	+ Return	7	COM. 1 MEETING DIVERSITY	
18th	+ Return	7	COMMUN. PARTNERSHIP LIC ENV. COMM + D.W.	
19th	Home + Ret.		BEMAS INTERVIEWS	4
19th	+ Return	7	H.R. EXEC. MEETING	
19th	+ Return	7	CONSOLE MEETING	
20th	Home + Ret		DEPT. BRIEFINGS AT CAROL HILL	4
20th	Home + Ret.		GOVERNOR MEETING STAFFS	2
21st	+ Return	7	DEPT. BRIEFINGS + T/MOON LEAVE	
24th	Home + Ret		EAST BELTON PCT PRESENTATION	4
24th	+ Return	7	EXECUTIVE	
26th	Home + Ret		N.W. EMPLOYERS CONF. ISSB NIGRA	36
28th	Home + Ret		EAST BELTON PARISH GROUP	4
Total Mileage		104		65
@ rate				
Allowance				



28 July 2006

MEMBERS ALLOWANCES CLAIM

Claim for Month of August 2006
 Name of Member FRANK R. WHITE Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) FORD MONDEO Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.
 Home Address 23 DOVEDALE RD BAECOMBE BOLTON BL2 5HT

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a valid driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 18 SEP 2006

Approved [REDACTED] Date 06/09/06

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	76.	Details input onto Payroll system: By: Date:
Subsistence Allowance (Taxable)	20 : 16			
Travel Reimbursement (e.g. Car Park, taxis)	:			
Dependent Carer's Allowance	:			
	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance		
	Description of Approved Duties, including Locations (From & To)	Departure	Return	£			p	£	p	£	p	£	p
August	MILEAGE FROM HOME TO COUNTRIDGE + RETURN (DETAILED ON W/111/05)					69							
August	MILEAGE IN COURSE OF BUSINESS HOLIDAY (DETAILED ON W/111/05)					7							
14/8/06	H.R. MEETING PARADISE HSE + MEETING WITH PERSONAL BALANCE		9.00	3.45							6	72	
29/8/06	H.R. BULK WORKFORCE PLAN + EQUIPMENT MEETING + EXEC.		9.15	4.15							6	72	
31/8/06	H.R. MEETING + COMMUNITY (OTHER) MEETING + EXECUTIONS		9.00	3.15							6	72	
						76					20	16	


Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

Car travelling expenses claim

Name: <u>FRANK WHITE</u>		Month: <u>AUGUST</u>		
Date	Home/Town Hall	Mileage	Business journey description	Mileage
7/8/06	+ Return	7	EXECUTIVE BRIEFING	
9/8/06	+ Return	7	TOWN HALL MEETING - H.R. @ VINEYARD HOUSE	
14/8/06	+ Return	7	H.R. MEETING - PENSONS DEP? -	
15/8/06	+ Return	7	VS TOWN HALL	
16/8/06	+ Return	7	H.R. MEETING - EXEC.	
17/8/06	+ Return	7	INTERFAITH GROUP	
	+ Return		G.M. FIRE - PRINCESS TRUST PRESENTATION	7
18/8/06	+ Return	7	SLJCC	
29/8/06	+ Return	7	H.R. MEETING + EDUCATION PLAN + EXEC.	
30/8/06	+ Return	6	YOUTH CLUB MEETING (CROFT HILL)	
31/8/06	+ Return	7	GRAND HALL - COHENSON MEETING	
Total Mileage		69		7
@ rate				
Allowance				


 1st Sept 2006

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

PHID

Claim for Month of OCTOBER 2006 Name of Member FRANK R. WHITE Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) FORD FOCUS Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.
 Home Address 23 DOUGALL RD BOLTON BLR 5HT

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a valid driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 6 Nov 2006
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	127.	Details input onto Payroll system: By: S. C. Date: 1. Nov. 06.
Subsistence Allowance (Taxable)	13 : 44			
Travel Reimbursement (e.g. Car Park, taxis)	:			
Dependent Carer's Allowance	:			

Notes:
 * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

6



Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	p	£	p	£	p
OCT.	MILEAGE FROM HOME TO TOWN HALL (COMMUTERS)			CAR	77						
OCT	MILEAGE DURING COURSE OF DUTIES (COMMUTERS)			CAR	50						
6 th OCT	LEAD FACENIT WORK - ALBERT HALLS VORWERK - STAPOLS WORKS	Home (10:00)	Home (16:00)							6	72
9 th OCT	H.R. IT WORKS + KREC. PINGFINL + CAR ISSUES SECURITY	Home (9:00)	Home (19:00)							6	72
					127					13	44

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

Car travelling expenses claim

Name: <i>FRANK WHITE</i>		Month: <i>OCTOBER 2006</i>		
Date	Home/Town Hall	Mileage	Business journey description	Mileage
<i>6/10</i>	<i>+ RETURN</i>	<i>7</i>	<i>East Bolton + Alder Hey Hospital + 17 Aprils Concert</i>	
<i>9/10</i>	<i>+ RETURN</i>	<i>7</i>	<i>Diocese H.A. + Exec. Brief + COMES + GENCO 4</i>	
<i>10/10</i>	<i>+ RETURN</i>		<i>CAROL HUL YARAT COUS COMMISS</i>	<i>4</i>
<i>11/10</i>	<i>+ RETURN</i>	<i>7</i>	<i>Diocese + South Ricard + EXEC. H.A.</i>	
<i>12/10</i>	<i>+ RETURN</i>		<i>LONG LEMONING LUNCH PARADEMAN + RETURN</i>	<i>34</i>
<i>16/10</i>	<i>+ RETURN</i>	<i>7</i>	<i>EX. PRICE + EXEC.</i>	
<i>17/10</i>	<i>+ RETURN</i>		<i>BENAS CAROL HILL</i>	<i>4</i>
<i>18</i>	<i>+ RETURN</i>	<i>7</i>	<i>H.R. MEETINGS</i>	
<i>19</i>	<i>+ RETURN</i>		<i>T.Y.S. LAUNCH NEW BURY</i>	<i>8</i>
<i>20</i>	<i>+ RETURN</i>	<i>7</i>	<i>S/H S.C.C.</i>	
<i>24</i>	<i>+ RETURN</i>	<i>7</i>	<i>LIC + ENV. COMMITTEES</i>	
<i>25</i>	<i>+ RETURN</i>	<i>7</i>	<i>COUNCIL</i>	
<i>27</i>	<i>+ RETURN</i>	<i>7</i>	<i>BLACK + ASIAN ACHIEVEMENT AWARDS</i>	
<i>30</i>	<i>+ RETURN</i>	<i>7</i>	<i>H.R. MEETING</i>	
<i>31</i>	<i>+ RETURN</i>	<i>7</i>	<i>LOCAL COMMUNITY RADIO FURNIVAL BRASS</i>	
		<i>77</i>		<i>50</i>
Total Mileage				
@ rate				
Allowance				

6 Nov 2006
John Aarssen

PRINT

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of November 2006 Name of Member FRANK WHITE Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) FORD MONDEO Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.
 Home Address 23 DOVERDALE RD BOLTON BLR 547

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses, general loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am [REDACTED] holding licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 4 Dec 2006

Approved [REDACTED] Date 5 Dec 2006

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	226	Details input onto Payroll system: By: CM Date: 6.12.06
Subsistence Allowance (Taxable)	26 : 88			
Travel Reimbursement (e.g. Car Park, taxis)	:			
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.

If any details are missing, the form will be returned and payment therefore delayed.

Car travelling expenses claim

Name: FRANK R WHITE		Month: NOVEMBER 2006		
Date No.	Home/Town Hall	Mileage	Business journey description	Mileage DUES
1 st	" RETURN	7	KTEC Meeting H.R. + Mayor's Parade	
			YOUNG CLUB + BROWN CARDS HILL	4
2 nd			OFFICE TRAINING COURSE CARDS HILL	4
			TOWN HALL RESIDENTS	3
3			CHILD ABUSE CONF. MANCHESTER + RETURN	32
6	" RETURN	7	KTEC Brief + Inform. Council	
8	" RETURN	7	SPEC. EST. BRIEF + H&S + SURGEON	
9	" RETURN	7	TOWN N. PANEL + TOWN HALL + VAL. DIVERSITY	
10 th	" RETURN	7	AMICUS DAY + MARDON	
12	" RETURN	7	AMICUS SERVICE	
13 th	" RETURN	7	KTEC BRIEF + KTEC	
14	" RETURN	7	COMMUNITY RADIO	
15 th	" RETURN	7	HR PDG - DIRECTOR - SINGLE SUMMS	
16	" RETURN	7	MARDON BUDGET/HR MEETING + WITHINS SCHOOL	
17	"		REGIONAL SURVEY CONNO MEDICAL RE INSPECTION	18
20	" RETURN	7	DIRECTOR + EST. BRIEF + EXECUTIVE	
21	" RETURN	7	LIC + ENVIRON COMA	
21			MARKET FORUM LITTLE LEVER	8
22	+ RETURN	7	KTEC. H.R. + PAIN SCHOOL	
23	+ RETURN	7	DIRECTOR R. PRES II VIVIDY CENTRE COM 2	7
24	+ RETURN	7	DIRECTOR HR MARDON	
25	+ RETURN	7	DEPUTY MARDON - MARDON CITIZENS PAIN	
27	+ RETURN	7	KTEC BRIEF + SPAN GARDON + SCRAMM	
29			OPENING VIVIDY CENTRE	7
30	+ RETURN	7	OPENING DAY DISMANTLED H VIVIDY CENTRE COM 2	7
Total Mileage		126		100
@ rate				
Allowance				

6
- Dec 2006



21 Bryanston Street, LONDON W1A 1AF
Tel: 0870 606 2050 VAT No. 239 0546 59
THANK YOU, PLEASE CALL AGAIN

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

TERMS AND CONDITIONS - Entry to or use of this car park is at your own risk.
Copies are exhibited and a copy is available for inspection on request.



2/0613 4729/055059000/019147
10:13 13/12/06 Entry 1
Kine Street West

V.A.T. 17.5% 1.31
£ 8.80 POF-3
13/12/06 13:00

← **417109**

DIPAD

2006/2007
EO CHIA T.O
us Rd Bolton BL2 5HT

Name of Member FRANK R. WHITE Pay No. [REDACTED]
(Block capitals please)
Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.

DECLARATION
(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am [REDACTED] licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 1st Feb 2007

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	246	Details input onto Payroll system:
Subsistence Allowance (Taxable)	74 : 47.			By: CM
Travel Reimbursement (e.g. Car Park, taxis)	8 : 00			Date: 5.1.07
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
					154						
	MILEAGE TO AND FROM WORK AS ICA APPROVED				92						6 77
	MILEAGE DURING COURSE OF COUNCIL DUTIES			CAA							6 77
1 st Dec	RECEPTION - Annual Ceremony - HR	Home 9:00	Home 16:00	CAA							6 77
11 Dec	H.R. - Chief Extensionist	Home 8:45	Home 17:00	-							6 77
12 Dec	OFFICER BRIEF - MGB/INCHA - LIC & ENV.	Home 9:00	Home 16:00	-			CA P	8	00		6 77
13 Dec	N.W. EMPLOYEES + HR EXEC + COUNCIL	Home 9:00	Home 17:00				(RECEIPT 171)				6 77
18 Dec	HR + EXEC BRIEF	Home 9:00	Home 16:50								6 77
8 JAN	HR + EXECUTIVE	Home 10:00	Home 17:00								6 77
9 JAN	MEETINGS + LIC + ENV. COMM	Home 9:30	Home 18:00								6 77
10 JAN	HR + HR WITH WOOD COMMS + FORUM	Home 8:30	Home 17:00								6 77
12 JAN	EDUCATION WITHINS + TRAINING MEETING	Home 9:30	Home 19:00								6 77
15 JAN	EXT PARTICIP + HR + YOUTH + WITHINS	Home 9:00	Home 18:30								6 77
17 JAN	HR PDC + Com Panel + DES GROUP + H+S	Home 9:30	Home 16:00								
22 JAN	EXEC PANEL + CAS B/N + HR										
26 JAN	S SEC + EXEC PANEL										
					246						74 47

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars.

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of FEBRUARY 2007 Name of Member FRANK R WHITE Pay No. [REDACTED]
 Car (Make / Model) FORD MONDEO ESTAB Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.
 Home Address 23 DOVERDALE RD BOLTON BL2 5HT

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the [REDACTED] and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 13 MARCH 2007

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	131
Subsistence Allowance (Taxable)	13 : 44		
Travel Reimbursement (e.g. Car Park, taxis)	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: CM

Date: 22.3.07

Subsistence allowance not paid April
paid May 07

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Car travelling expenses claim

Name: FRANK WHITE		Month: FEBRUARY 2007		
Date <small>FEB</small>	Home/Town Hall	Mileage	Business journey description	Mileage
1st/2nd			N.W. EMPLOYERS AWAY DAY CONF. WIGAN + BURNLEY	22
5th	+ Return	7	K.F. BAKER + H.R. + K.F.C.	
5th	+ Return	7	CONFERENCE ISSUES SESSION (EVENING)	
6th	+ Return	7	H.R. + GROUP STAFFS SESSION + CONF. SESSION	
6th			BURNLEY COMMUNITY RADIO MEETING + RETURN	7
8th	+ Return	7	CIPFA H.R. TOWN COUNCIL + PLANNING COMMISSION	
9th			MEETING WITH BURNLEY COMMUNITY COMMISSION	7
12th	+ Return	7	H.R. + K.F.C.	
16th	+ Return	7	TRAINING MEETING	
19th	+ Return	7	H.R. MEETING	
21st	+ Return	7	MEETING PLANNING DEPT	
21st	+ Return	7	COUNCIL BUDGET MEETING	
23rd	+ Return	4	EXTRA BURNLEY MEETING	
26th	+ Return	7	H.R. MEETING	
27th	+ Return	7	LIC + K.F.V. COMMITTEE + P.R.U.	
28th	+ Return	7	H.R. MEETING IN T.V.	
28th	+ Return	7	COUNCIL MEETING	
Total Mileage		95		36
@ rate				
Allowance				

1
2
3

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MARCH/APRIL 2007 Name of Member Kenn R White Pay No. [REDACTED]
 Car (Make / Model) Ford Mondeo Registration No. [REDACTED] Exact Cubic Capacity 1800 cc.
 Home Address 23 Downmo Rd Bolton

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the [REDACTED] driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 4 June 2007
 Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	293.	Details input onto Payroll system:
Subsistence Allowance (Taxable)	33 : 60			By:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's Allowance	:			

Notes:
 * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties including Locations (From & To)		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
			Departure	Return			£	p	£	p	£	p
MARCH/APRIL	MILEAGE FROM HOMES TO TOWN HALL AS FOR RETIREMENT					196						
"	MILEAGE DURING PERFORMANCE OF COUNCIL DUTIES AS FOR H.A.					97						
7 MARCH	COMMUNITY BOARD + H.A. BRIDGE + EXEC MEETING		4.30	4.00							6	72
15 MARCH	H.A. + COLLEGE + HIGH SCHOOL + GYMnasium		10.00	18.00							6	72
28 MARCH	GENCINC + EXEC MEETING		9.00	15.00		106 PRE APRIL					6	72
18 APRIL	H.A. + GYMnasium + BEACH		10.00	16.30							6	72
20 APRIL	INSTIT. COMM. Ct. + H.A.		10.00	15.30							6	72
						127 POST APRIL.						
						293					33	60

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

↓
ALL PRE
APRIL

They should be sent to Committee and Members Services for authorisation.

Car travelling expenses claim

Name: <u>FRANK WHITE</u>		Month: <u>MARCH / APRIL</u>		
Date	Home/Town Hall	Mileage	Business journey description	Mileage
1 st			Pupil Referral Unit Meeting @ Ipswich	7
5	+ RETURN	7	H.R. + Ex Bank + Exec.	
6	-	7	Youth Service Meeting	
7	-	7	H.R. Ex. Meeting	
8	-	7	H.R.	
9	-	7	Genocide Meeting	
10 th	-		Middlebrough V. Accot Train	7
12	-	7	H.R.	
13	-	7	East Devon + Comm. Radio	
14	-	7	H.R. P.D.F. + Youth + Training + J.N.C. Council	
15	-	7	East Devon + P.H.A. School	
16	-	7	Meeting Vers. REFS.	
19	-	7	H.R.	
20	-	7	L.C. + Env. Comm. / G.P.O. Hill Local Gov	7
21	-	7	T.Y.S. / Arch Forum Meeting	3
22	-		Town Governors	3
26	-	7	BREC HGM + HR.	
27	-	7	H.R.	
28	-	7	Genocide + Exec H.R. + Town Governors	3
29	-	7	I.C.C. Meeting + Com 2	7
30	-		B.K.M.C. Authority Research + Ret.	10
Total Mileage		119		47
@ rate				
Allowance				

$$\begin{array}{r} 119 \\ 47 \\ \hline 166 \end{array}$$

WILKINSON

MEMBERS ALLOWANCES CLAIM

Claim for Month of JUNE 2006

Name of Member DAVID A. WILKINSON Pay No.

(Block capitals please)

Car (Make/Model) _____

Registration No. _____ Exact Cubic Capacity _____ cc.

Home Address 12 THE CRESCENT, WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed

MEMBER

Date 25/9/06

Approved

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	:			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance		
	Description of Approved Duties, including Locations (From & To)	Departure	Return	£			p	£	p	£	p	£	p
23/6/06	E.M.P. TA												
	DAISY HILL - MANCHESTER	7.50	1.30		TRAIN				5	40			
	MANCHESTER - DAISY HILL												
										5	40		

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN COUNCIL
MEMBERS ALLOWANCES CLAIM

Class	Ticket type	Adult	Child
FTD	DAY RETURN	ONE	NIL
Date		Number	
23 JUN 06		69346 340382777M01	
From		Valid	
MANCHESTER CTLZ ON DATE SHOWN		Price	
To		Route	
DAISY HILL #		0754	

20 06

Name of Member DAVID A. WILKINSON Pay No.

(Block capitals please)

Registration No. _____ Exact Cubic Capacity _____ cc.

SCENT WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed: MEMBER Date 25/9/06

Approved: Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			Details input onto Payroll system:
* Subsistence Allowance	:	Normal Mileage		
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	5 : 40			Date:
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

1 BB 1089
 Names of the Train Companies, copies of the National Rail Conditions of Carriage and details of Permitted Routes are available at Ticket Offices.
 Travel on Train Companies' trains is subject to the National Rail Conditions of Carriage and to the conditions of carriage of other operators on whose services this ticket is valid. This ticket is not transferable, unless otherwise stated, it may be used on any Train Company's train by any permitted route, and if marked *, on London Underground trains being made but it is not available for joining or alighting at an intermediate LRT Underground station.
 Stations via any recognised route are appropriate for the through journey between Train Company stations via any recognised route. Unless otherwise stated, it may be used on any Train Company's train by any permitted route, and if marked *, on London Underground trains being made but it is not available for joining or alighting at an intermediate LRT Underground station.
 www.nationalrail.co.uk/traintracker
 0871 200 4950
 for direct train enquiries
TrainTracker
 National Rail Enquiries

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Ticket type	Adult	Child
STD DAY RETURN	ONE	NIL
Date	Number	
25 JUN 06	69346	340362777M01
From	Valid	Price
DAISY HILL #	ON DATE SHOWN	£5.40M
To	Route	
MANCHESTER CT17		0154

20 06

Name of Member DAVID A. WILKINSON Pay No.

(Block capitals please)

Registration No. _____ Exact Cubic Capacity _____ cc.

SCENT, WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed

MEMBER

Date 25/9/06

Approved

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

Amount
£ : p

Miles

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Class **STD** Ticket type **STD DAY SINGLE** Adult **ONE** Child **NIL** **SGL**
 Start Date **27-JLY-06** Number **01693** **005502777N51**
 Valid until **27-JLY-06** Price **£3.30M**
 From **DAISY HILL *** Route **ANY PERMITTED** **0712**
 To **MANCHESTER CTLZ**

20 06

Name of Member DAVID WILKINSON
 (Block capitals please)

Pay No. [REDACTED]

Registration No. _____

Exact Cubic Capacity _____ cc.

SCENT, WESTHOUGHTON

I hereby declare that the expenditure incurred by me in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rules of the Bolton Metropolitan Borough Council.

The details inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

Price **£2.45M**
 Number **27455** **04382599000000**
 Valid **AS ADVERTISED**

Tear ticket along perforation

I hold a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed [REDACTED]

MEMBER

Date 25/9/06

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	£	Details input onto Payroll system: By: Date:
Subsistence Allowance (Taxable)	:			
Travel Reimbursement (e.g. Car Park, taxis)	<u>3</u> : <u>76</u>			
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Chip and PIN
Do you know your pin number?
Chip and PIN
Nil due chip

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

From MANCHESTER STNS SGL
To BOLTON *
Route

25 JULY 20 06

Name of Member DAVID WILKINSON

Pay No. [REDACTED]

(Block capitals please)

Registration No. _____

Exact Cubic Capacity _____ cc.

Class STD
Ticket Type CHEAP DAY SGL
Price £2.45M
Date 27.JULY.06

Adults ONE
Children NIL

THE CRESCENT, WOBSTHOUGHTON

Number 2966 595 M 11.56
Valid 27455 0438259900000

I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the regulations made by Bolton Metropolitan Borough Council.

The particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

AS ADVERTISED
Tear ticket along perforation

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date 25/9/06

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Miles	
* Subsistence Allowance	:	Normal Mileage	Details input onto Payroll system:

Chip and PIN
Do you know your pin number?
Chip and PIN

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

From MANCHESTER STNS SGL
To BOLTON. *
Route

JULY 20 06

Name of Member DAVID WILKINSON

Pay No. [REDACTED]

Class STD
Ticket Type CHEAP DAY SGL
Price £2.45M
Adults ONE
Children NIL
Date 27. JULY. 06

Registration No. _____ Exact Cubic Capacity _____ cc.

THE CRESCENT WESTHOUGHTON

Number 2966 595 M 11.56
Valid 27455 0438259900000
AS ADVERTISED
Tear ticket along perforation

I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the regulations of the Council.

The particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 25/9/06
Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	P	£	P	£	P
31/7/06	REGEN PD 6 · HIDLWICK - BOLTON RLTN.	2.15	4.30	CAR	10						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Ticket type: **STD DAY SINGLE**
 Adult: **ONE** Child: **NIL** SGL
 Start Date: **27-JLY-06**
 Number: **01693 005502777N51**
 Valid until: **27-JLY-06** Price: **£3.30M**
 Route: **ANY PERMITTED** 0712

Name of Member: **DAVID WILKINSON** Pay No. [REDACTED]
 (Block capitals please)
 Registration No. _____ Exact Cubic Capacity _____ cc.
 SCENTON WESTHOUGHTON

I hereby certify that the above details are correct and that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the regulations of the Bolton Metropolitan Borough Council.

I declare that the details inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence or financial loss allowance or attendance allowance in connection with the duties indicated on this form.
 I am a current driving licence holder and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Number: 27455 04382599000000
 Valid AS ADVERTISED
 Tear ticket along perforation.
 Signature: [REDACTED] MEMBER Date: **25/9/06**
 Approved: [REDACTED] Date: _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Miles	
* Subsistence Allowance	:	Normal Mileage	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:		By:
Travel Reimbursement (e.g. Car Park, taxis)	3 : 74		Date:
Dependent Carer's Allowance	:		

Notes:
 * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.
Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Do not write on this ticket as it is not valid for other members of the Bolton Metropolitan Borough Council.

MEMBERS ALLOWANCES CLAIM

Claim for Month of JULY 2006 Name of Member DAVID WILKINSON Pay No. [REDACTED]
(Block capitals please)

Car (Make / Model) _____ Registration No. _____ Exact Cubic Capacity _____ cc.

Home Address 12 THE CRESCENT WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 25/9/06

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
Subsistence Allowance <i>(Taxable)</i>	:			By:
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			Date:
Dependent Carer's Allowance	:			

Notes:
 * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
27/7/06	R.M.P.T.A										
	DAISY HILL - MANCHESTER	7:15a		TRAIN				3	30		
	MANCHESTER - BOSTON	7:15a						2	45		
								5	74		

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

MEMBERS ALLOWANCES CLAIM

Claim for Month of SEPTEMBER 2006

Name of Member DAVID WILKINSON Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) N/A

Registration No. N/A

Exact Cubic Capacity N/A cc.

Home Address 12 THE RESCEND, WORTHINGTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER

Date 25/9/06

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			Details input onto Payroll system:
* Subsistence Allowance	:	Normal Mileage		
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	10 : 80			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Class Ticket type Adult Child
STD STD DAY RETURN ONE NIL RTN
 Start Date Number
 01-SEP-06 06037 00550277N51
 From Valid until Price
 MANCHESTER CTLZ 01-SEP-06 £5.40X
 To Route
 DAISY HILL * ANY PERMITTED 0752

Class Ticket type Adult Child
STD STD DAY RETURN ONE NIL OUT
 Start Date Number
 15-SEP-06 07647 00550277N51
 From Valid until Price
 DAISY HILL * 15-SEP-06 £5.40M
 To Route
 MANCHESTER CTLZ ANY PERMITTED 0754

Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		£	p	£	p	£	p
					5	40	
					5	40	
						10	80


Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.


Travel on Train Companies' trains is subject to the National Rail Conditions of Carriage and to the conditions of carriage of other operators on whose services the train is used. This ticket is valid only on any Train Company's train that is not transferred. Routes, and if marked with an asterisk, are not permitted. Unless otherwise stated, it may be used on any company standard route appropriate to the through journey being made. Details of permitted routes are available at the National Rail Conditions of Carriage and Ticket Offices. RSP No. 9899

Chip and PIN
Do you know your pin number?



Travel on Train Companies' trains is subject to the National Rail Conditions of Carriage and to the conditions of carriage of other operators on whose services the train is used. This ticket is valid only on any Train Company's train that is not transferred. Routes, and if marked with an asterisk, are not permitted. Unless otherwise stated, it may be used on any company standard route appropriate to the through journey being made. Details of permitted routes are available at the National Rail Conditions of Carriage and Ticket Offices. RSP No. 9899

Chip and PIN
Do you know your pin number?



Ticket type: **STD DAY RETURN** Adult: **ONE** Child: **NIL** **OUT**
 Start Date: **01-SEP-06** Number: **06037** **005502777N51**
 Valid until: **01-SEP-06** Price: **£5.40X**
 Daisy Hill *
 Manchester CTLZ ANY PERMITTED 0752

Ticket type: **STD DAY RETURN** Adult: **ONE** Child: **NIL** **RTN**
 Start Date: **15-SEP-06** Number: **07647** **005502777N51**
 From: **MANCHESTER CTLZ** Valid until: **15-SEP-06** Price: **£5.40M**
 To: **DAISY HILL *** Route: **ANY PERMITTED** 0754

Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		£	P	£	P	£	P

15/9/06 G.M. P.T.A
 DAISY HILL - MANCHESTER 7.50 1.15 TRAIN
 MANCHESTER - DAISY HILL
 MANCHESTER - DAISY HILL 5.40 TRAIN
 DAISY HILL - MANCHESTER 5.40 TRAIN

Particulars of Journeys								Mode of Travel	Miles Claimed	Dependent Carers Allowance £ p	Fares and other Expenses £ p		Subsistence Allowance £ p	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return	£	p	£	p							
11/9/06	G.M. P.T.A.													
	DAISY HILL - MANCHESTER	7.50	2.30							5	40			
	MANCHESTER - DAISY HILL													
15/9/06	G.M. P.T.A.													
	DAISY HILL - MANCHESTER	7.50	1.15											
	MANCHESTER - DAISY HILL													
											10	80		

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	OUT
Start Date	Number			
01·DMR·06	18033	005502777N51		
From	Valid until	Price		
DAISY HILL *	01·DMR·06	£5·40X		
To	Route			
MANCHESTER CTLZ	ANY PERMITTED	0811		

20 06

Name of Member DAVID WILKINSON
(Block capitals please)

Pay No.

Registration No. _____

Exact Cubic Capacity _____ cc.

2-PART RETURN NT, WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed

MEMBER

Date 15/1/07

Approved

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By:
Travel Reimbursement (e.g. Car Park, taxis)	5 : 40			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys			Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
	Description of Approved Duties, including Locations (From & To)	Time of				£	p	£	p	£	p
		Departure	Return								
1/12/06	EMPTA - DAISY HILL - MANCHESTER	8:11	1:30	TRAIN				5	40		
								5	40		

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd. OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.
 They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Class	Ticket type	Adult	Child	
STD	STD DAY RETURN	ONE	NIL	RTN
Start Date	Number			
12-JNR-07	23682	005502777N51		
From	Valid until	Price		
MANCHESTER CTLZ	12-JNR-07	£5.65M		
To	Route			
DAISY HILL *	ANY PERMITTED	0745		

20 07

Name of Member DAVID WILKINSON

Pay No. [REDACTED]

CMPTA

(Block capitals please)

Registration No. _____

Exact Cubic Capacity _____ cc.

ANT, WRSTHOUGHTON

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date 15/1/07

Approved [REDACTED]

Date _____

PAID

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage		Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By: <u>CM</u>
Travel Reimbursement (e.g. Car Park, taxis)	<u>5 : 65</u>			Date: <u>25.1.07</u>
Dependent Carer's Allowance	:			
	<u>TOTAL 21 - 85</u>			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance		
	Description of Approved Duties, including Locations (From & To)	Time of			£	p	£	p	£	p	
		Departure									Return
12/1/07	E.M PTA DAISSY HILL - MANERASTON	7.45	1.30	TRAIN			5	65			
							5	65			

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

MEMBERS ALLOWANCES CLAIM

Claim for Month of FEBRUARY 20 07 Name of Member DAVID A. WILKINSON Pay No. [REDACTED] (CMPT)

PAID

Car (Make/Model) _____

Registration No. _____

Exact Cubic Capacity _____ cc.

Home Address 12 THE CRESCENT, WESTHOUGHTON

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date 27/2/07

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
* Subsistence Allowance	£ : p	:	Normal Mileage	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:	:		By: <u>CM</u>
Travel Reimbursement (e.g. Car Park, taxis)	<u>5</u> : <u>65</u>	:		Date: <u>27.2.07</u>
Dependent Carer's Allowance	:	:		

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
	Description of Approved Duties, including Locations (From & To)	Departure	Return	£			p	£	p	£	p	
2/2/07	G.M.P. TA									5	65	
	DAISY HILL - MANCHESTER		7.52	2.20								
	RETURN											
											5	65

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

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BOLTON METROPOLITAN

MEMBERS ALL

Class **STD** Ticket type **DAY RETURN** Adult **ONE** Child **NIL** OUT

From **DAISY HILL *** Start date **02.FBY.07** Number **16908** 44209209-70 Price **£5.65X**

To **MANCHESTER CTLZ** Valid until **02.FBY.07** Route **ANY PERMITTED** 0830

MEMBERS ALL

PAID 20 07

BSCBNT, WBSTN01

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence Metropolitan Borough Council; that I have actually paid the fares and made other payments shown the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, expenses or allowances, or financial loss allowance or attendance allowance in connection with it

(b) I am the holder of a current driving licence and have adequate insurance cover for the

Signe **[REDACTED]** MEMBER

Approved **[REDACTED]**

FOR OFFICIAL USE ONLY (Cont)

	Amount	
* Subsistence Allowance	£ : P	Normal Mileage
Subsistence Allowance (Taxable)	:	
Travel Reimbursement (e.g. Car Park, taxis)	S : 65.	
Dependent Carer's Allowance	:	

Notes:

RSP 9299

2 BB 906 957654

Travel on Train Companies trains is subject to the National Rail Conditions of Carriage and details of Permitted Routes are available at Ticket Offices.

Names of the Train Companies, copies of the National Rail Conditions of Carriage and details of Permitted Routes are available at Ticket Offices.

Transferable: unless otherwise stated, it may be used on any Train Company's train to any other Train Company's train on the same route, and if marked * on London Underground trains between Train Company stations or alighting at an intermediate LRT Underground station.

Transferable: unless otherwise stated, it may be used on any Train Company's train to any other Train Company's train on the same route, and if marked * on London Underground trains between Train Company stations or alighting at an intermediate LRT Underground station.

Ticket type **STD STD DAY RETURN** Start date **02 FEB 07** Valid until **02 FEB 07**

Adult **ONE** Child **NIL** RTN **RTN**

Number **16908** 442089209-70 Price **£5.65X**

From **MANCHESTER CTLZ** Route **ANY PERMITTED** 0830

To **DAISY HILL ***

BOLTON METROPO MEMBERS

2007 **PHD**

BSCBNT VBSTN

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and sit Metropolitan Borough Council; that I have actually paid the fares and made other pay the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have expenses or allowances, or financial loss allowance or attendance allowance in come

(b) I am the holder of a current driving licence and have adequate insurance CC MEMBER

Signed *John Claxson*

Approved *John Claxson*

FOR OFFICIAL USE

Amount	Normal Mileage
£ : p	
: :	
: :	
S : 65.	

* Subsistence Allowance
Subsistence Allowance (Taxable)
Travel Reimbursement (Car Park, taxis)

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

2149 21410

Claim for Month of MARCH 2007, Name of Member DAVID WILKINSON Pay No. [REDACTED] GMP/A

Car (Make / Model) _____ Registration No. _____ Exact Cubic Capacity _____ cc.

Home Address _____

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date 2/4/07

Approved [REDACTED] Date _____

PAID

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p	Miles
* Subsistence Allowance	:	—
Subsistence Allowance <i>(Taxable)</i>	:	—
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	11 : 30	
Dependent Carer's Allowance	:	

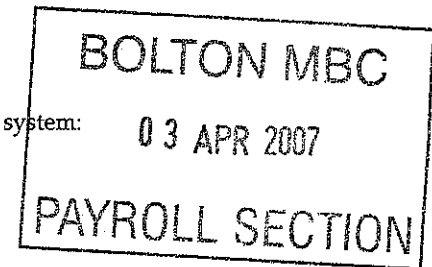
Normal Mileage

Details input onto Payroll system:

03 APR 2007

By: CM

Date: 4.4.07



Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.


Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.


Date	Particulars of Journeys			Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
	Description of Approved Duties, including Locations (From & To)	Time of				£	p	£	p	£	p
		Departure	Return								
2/3/07	G.M.P.T. TA DAISY HILL - MANCHESTER	7.48	2.00	TRAIN				5	65		
	RETURN										
16/3/07	G.M.P.T.A DAISY HILL - MANCHESTER	7.56	1.30	TRAIN				5	65		
	RETURN										
								11	30		


Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars


CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

Class Ticket type
STD STD DAY RETURN **ONE** **NIL** **RTN**
 Start Date 02·MCH·07 29395 005562777N51
 Valid until 02·MCH·07 Price £5·65M
 From MANCHESTER CTLZ
 To DAISY HILL * ANY PERMITTED 0748


Class Ticket type
STD STD DAY RETURN **ONE** **NIL** **OUT**
 Start Date 02·MCH·07 29395 005562777N51
 Valid until 02·MCH·07 Price £5·65M
 From DAISY HILL *
 To MANCHESTER CTLZ ANY PERMITTED 0748


Class Ticket type
STD STD DAY RETURN **ONE** **NIL** **RTN**
 Start Date 16·MCH·07 31217 005562777N51
 Valid until 16·MCH·07 Price £5·65M
 From MANCHESTER CTLZ
 To DAISY HILL * ANY PERMITTED 0736


Class Ticket type
STD STD DAY RETURN **ONE** **NIL** **OUT**
 Start Date 16·MCH·07 31217 005562777N51
 Valid until 16·MCH·07 Price £5·65M
 From DAISY HILL *
 To MANCHESTER CTLZ ANY PERMITTED 0736


WOODWARD

0148

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of April MAY June 20 06

Name of Member MARY WOODWARD

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) Ford Probe

Registration No. [REDACTED]

Exact Cubic Capacity 2155 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date _____

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	139	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	:		139	
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			
Dependent Carer's Allowance	:			
		Total per both journys	302	

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of APRIL, MAY June 2006

Name of Member MARY WOODWARD

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) FORD PROBE

Registration No. [REDACTED]

Exact Cubic Capacity 2 Litre cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date _____

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage	163.	Details input onto Payroll system:
Subsistence Allowance <i>(Taxable)</i>	:			By:
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			Date:
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	p	£	p	£	p
3 rd April	Adult partnership	9.30	11.00	car	8						
4 th April	Licensing	2.00	4.00	car	8						
5 th April	Joint PDQ's	9.30	11.00	car	8						
6 th April	Housing PDQ.	9.30	10.30	car	8						
7 th April	Police seminar	9.00	12.00	car	8						
7 th April	Culture PDQ.	2.00	3.30	car	8						
11 th April	Exec Adults	9.30	10.15	car	8						
13 th April	Planning	9.30	5.00	car	8						
13 th April	Media train	4.00	6.00	car	8						
14 th April	Education in Am.VI	10.00	11.30	car	8						
21 st April	Fostering panel	1.30	4.00	car	11						
25 th April	Licensing	10.00	1.00	car	8						
27 th April	Planning	9.00	4.30	car	8						
0 th MAY	GMW	5.30	7.00	car	8						
10 th MAY	Positive Action Board	4.00	5.30	car	8						
11 th MAY	Young mums	4.00	5.30	car	8						
18 th MAY	Planning	9.00	4.30	car	8						
19 th MAY	Planning, Academics	9.30	10.30	car	8						
24 th MAY	Council	7.00	7.40	car	8						
1 st Jun	Planning	10.00	4.30	car	8						
					163						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

DHTD

Claim for Month of July 2006 Name of Member MARY WOODWARD Pay No. [REDACTED]
(Block capitals please)
 Car (Make/Model) FORD PROBE Registration No. [REDACTED] Exact Cubic Capacity 2 Litre cc.

DECLARATION: Home address: 33 Lincoln Avenue, Little Lever, BL3 1EX.

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date 2nd Aug 06

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	104.	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	:			
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Aug. Sept. Oct. 20 06
Nov Dec

Name of Member MARY WOODWARD
(Block capitals please)

Pay No. [REDACTED]

Car (Make/Model) CITROEN C1 Airplay

Registration No. [REDACTED]

Exact Cubic Capacity 998 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date _____

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	80	Details input onto Payroll system: By: <u>cm</u> Date: <u>31.07</u>
Subsistence Allowance <i>(Taxable)</i>	:		80	
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys					Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Time of		£			p	£	p	£	p	
		Departure	Return									
28 th Nov	Adult Services	6.00	7.30	car	8							
29 Nov	premier	4.00	6.00	car	8							
30 th Nov	planning	9.30	4.30	car	8							
1 st Dec	licensing training	10.00	12.00	car	8							
4 th Dec	care leavers panel	1.00	2.00	car	8							
7 th Dec	planning training	12.00	1.30	car	8							
11 Dec	Ecz appointments	1.30	5.00	car	8							
12 Dec	licensing	2.00	3.30	car	8							
13 th Dec	Council	7.00	9.50	car	8							
14 th Dec	planning	9.15	4.30	car	8							
Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars												
CLAIMS MUST BE SUBMITTED BY THE 2 nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.												
They should be sent to Committee and Members Services for authorisation.												

[Signature]

80

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Aug Sept Oct 20 06
Nov Dec

Name of Member MARY WOODWARD

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) CITROEN C1 AIRPLAY

Registration No. [REDACTED]

Exact Cubic Capacity 998 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED]

MEMBER

Date _____

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	160	Details input onto Payroll system: By: Date:
Subsistence Allowance <small>(Taxable)</small>	:			
Travel Reimbursement <small>(e.g. Car Park, taxis)</small>	:			
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	p	£	p	£	p
9 th Aug	childrens p.d.g.	10.00	11.30	car	8						
10 th Aug	planning	9.30	5.00	car	8						
18 Aug	Adult P.D.G.	10.00	11.00	car	8						
22 Aug	Adult Scrutiny	6.00	7.30	car	8						
24 Aug	planning	9.00	5.00	car	8						
11 th Aug	planning Agenda	1.30	2.30	car	8						
25 Aug	planning Agenda	1.30	2.30	car	8						
14 Sept	Public Arts Steering	2.00	3.45	car	8						
20 Sept	Site visits	11.25	2.00	car	8						
21 Sept	planning	9.30	5.00	car	8						
22 Sept	Licensing Training	10.00	12.30	car	8						
25 Sept	Licensing	5.00	6.00	car	8						
26 Sept	Social needs Transport P.D.G.	12.00	1.30	car	8						
27 Sept	Informal Council	5.00	6.15	car	8						
3 rd Oct	prostitution p.d.g.	11.30	1.30	car	8						
5 Oct	planning	9.30	5.00	car	8						
6 Oct	planning Agenda	1.30	2.30	car	8						
10 Oct	Adult Scrutiny	6.00	6.45	car	8						
11 Oct	Licensing	10.00	12.00	car	8						
17 Oct	Bemas	3.00	4.30	car	8						
					160						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

[Handwritten signature]
M. S.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Aug Sept Oct 20 06
Nov Dec

Name of Member MARY Woodward

Pay No. [REDACTED]

Car (Make / Model) CITROEN C1 Amphib

(Block capitals please)
Registration No. [REDACTED]

Exact Cubic Capacity 998 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED] MEMBER Date _____

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	152.	Details input onto Payroll system: By: <u>CM</u> Date: <u>8.1.07</u>
Subsistence Allowance (Taxable)	:		+ 160	
Travel Reimbursement (e.g. Car Park, taxis)	:		312	
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys					Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Time of Departure	Time of Return	£			p	£	p	£	p	
19 OCT	Planning	9.30	4.30	COV	8							
20 th OCT	Planning Agenda	1.30	2.30	COV	8							
24 th OCT	licensing	2.00	3.30	COV	8							
25 th OCT	council	7.00	9.30	COV	8							
26 th OCT	combing P.D.G.	10.00	11.00	COV	8							
31 st OCT	Adult P.D.G.	10.00	11.30	COV	8							
2 nd NOV	Planning	9.30	4.00	COV	8							
3 rd NOV	Planning Agenda	1.30	2.30	COV	8							
6 th NOV	informal council	5.00	6.30	COV	8							
7 th NOV	Health Scrutiny	9.15	11.00	COV	8							
8 th NOV	Positive Action	4.30	6.00	COV	8							
9 th NOV	Gov appointments	10.00	11.00	COV	8							
13 th NOV	children's care	2.00	3.00	COV	8							
16 th NOV	Planning	9.30	4.30	COV	8							
17 NOV	Planning Agenda	1.30	2.30	COV	8							
21 st NOV	Adult P.D.G.	9.30	11.00	COV	8							
21 st NOV	licensing	2.00	4.00	COV	8							
21 st NOV	Area Forum	7.00	8.50	COV	8							
22 nd NOV	elder peoples partnership	10.00	12.00	COV	8							
27 th NOV	site visits	2.00	4.00	COV	8							
						152						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Jan Feb March 2007

Name of Member MARY WOODWARD

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) CITROEN C1

Registration No. [REDACTED]

Exact Cubic Capacity 1.250 cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER

Date _____

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	64	Details input onto Payroll system: By: <u>CM</u> Date: <u>19.4.07</u>
Subsistence Allowance <small>(Taxable)</small>	:			
Travel Reimbursement <small>(e.g. Car Park, taxis)</small>	:			
Dependent Carer's Allowance	:	Total for forms	224	

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.

If any details are missing, the form will be returned and payment therefore delayed.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Jan Feb MARCH 20 07 Name of Member Mary Woodward Pay No. [REDACTED]
(Block capitals please)
 Car (Make/Model) CITROEN C1 Registration No. [REDACTED] Exact Cubic Capacity 1 Lit. cc.

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. *(For Car Allowance claimants only)*

Signed [REDACTED] MEMBER Date _____

Approved [REDACTED] Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	160	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	:			
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:	Total for forms	224	
Dependent Carer's Allowance	:			

Notes:

* Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

Date	Particulars of Journeys Description of Approved Duties, including Locations (From & To)	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
9 th Jan	Adult culture PDG	9.30	11.00	car	8						
9 th Jan	licensing	2.00	4.00	car	8						
10 th Jan	positive Action	4.00	5.00	car	8						
11 th Jan	planning	10.00	4.00	car	8						
12 th Jan	planning Agenda	1.30	2.45	car	8						
15 th Jan	care leavers	1.00	2.30	car	8						
18 th Jan	licensing hearing	9.30	11.30	car	8						
22 nd Jan	SRB. evaluation	9.45	12.30	car	8						
26 th Jan	planning Agenda	1.30	2.45	car	8						
30 th Jan	planning improvement	10.00	12.00	car	8						
30 th Jan	licensing	2.00	4.30	car	8						
1 Feb	gov panel	2.00	3.00	car	8						
6 Feb	Adult Scrutiny	6.00	7.00	car	8						
8 Feb	planning	10.30	4.30	car	8						
9 th Feb	prostitution PDG	10.30	12.00	car	8						
19 Feb	tonne sure START	6.00	8.00	car	8						
21 Feb	council	7.00	9.00	car	8						
22 Feb	planning	10.00	4.30	car	8						
23 Feb	planning Agenda	1.30	2.30	car	8						
27 Feb	licensing	2.00	4.00	car	8						
					160						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

ZAMAN

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of 4/09/2006 To 4/12/2006

Name of Member AKHTAR ZAMAN

Pay No.

(Block capitals please)

Car (Make/Model) Mercedes C220

Registration No.

Exact Cubic Capacity 2155 cc.

Home Address 121 MAYOR ST BOLTON BL1 4SJ

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed

MEMBER

Date 08-12-06

Approved

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	65.	Details input onto Payroll system: By: <u>cm</u> Date: <u>3.1.07</u>
Subsistence Allowance <i>(Taxable)</i>	27 : 08			
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	3 : 60			
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised. If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys		Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
Date	Description of Approved Duties, including Locations (From & To)	Departure	Return			£	P	£	P	£	P
										6	77
4/09/06	Home to Town Hall	9.45	5.00	Car	1						
05/09/06	Town Hall to The Valley	3.45	6.00	Car	3						
11/09/06	Home to Town Hall	8.15	4.00	Car	1					6	77
18/09/06	Home to Town Hall	11.00	4.00	Car	1						
25/09/06	Home to Town Hall	10.00	5.00	Car	1						
02/10/06	Home to Town Hall	10.00	5.30	Car	1						
09/10/06	Home to Town Hall	8.15	3.30	Car	1					6	77
16/10/06	Home to Town Hall	11.00	6.00	Car	1					6	77
23/10/06	Home to Town Hall	10.00	8.30	Car	3						
30/10/06	Home to The Valley	9.00	10.00	Car	3						
30/10/06	Home to Town Hall	10.15	12.00	Car	1						
30/10/06	Home to Manchester	12.00	3.00	Car	34			3	60		
06/11/06	Home to Town Hall	10.00	3.00	Car	1						
13/11/06	Home to Town Hall	12.30	5.00	Car	1						
14/11/06	Home to Town Hall	9.00	11.00	Car	1						
17/11/06	Home to Town Hall	9.00	11.30	Car	1						
20/11/06	Home to Town Hall	10.00	5.00	Car	1						
27/11/06	Home to Town Hall	10.00	3.00	Car	1						
04/12/06	Home to Town Hall	9.30	4.00	Car	1						
08/12/06	Home to Beebok	8.50	9.30	Car	9						
					65			3	60	27	08

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Dec/Jan 2007

Name of Member Akhtar Zaman

Pay No. [REDACTED]

Car (Make/Model) Mercedes C220

Registration No. [REDACTED]

Exact Cubic Capacity 2155 cc.

Home Address 131 Mayor St Bolton BL1 4SJ

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed [REDACTED]

MEMBER

Date 30/01/07

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	16.5	Details input onto Payroll system: By: <u>cm</u> Date: <u>1.2.07</u>
Subsistence Allowance (Taxable)	<u>6 : 77</u>		<u>16</u>	
Travel Reimbursement (e.g. Car Park, taxis)	:			
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.

If any details are missing, the form will be returned and payment therefore delayed.

50
2007

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of Feb 2007

Name of Member Akhtar Zaman

Pay No.

(Block capitals please)

Car (Make/Model) Mercedes C220

Registration No.

Exact Cubic Capacity 2155 cc.

Home Address 131 MAYOR ST BOLTON BL1 4ST

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form, and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

(For Car Allowance claimants only)

Signed

MEMBER

Date 07/03/07

Approved

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	10 18	Details input onto Payroll system:
Subsistence Allowance <i>(Taxable)</i>	:			By:
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:			Date:
Dependent Carer's Allowance	:			

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.

If any details are missing, the form will be returned and payment therefore delayed.

Particulars of Journeys											
Date	Description of Approved Duties, including Locations (From & To).	Time of		Mode of Travel	Miles Claimed	Dependent Carers Allowance		Fares and other Expenses		Subsistence Allowance	
		Departure	Return			£	p	£	p	£	p
05/02/07	Home to Town Hall	11.00	5.00	Car	1						
12/02/07	Home to Town Hall	9.00	5.00	Car	1						
19/02/07	Home to Town Hall	6.00	8.00	Car	1						
15/02/07	Home to Town Hall	3.30	6.00	Car	1						
19/02/07	Home to Town Hall	9.00	4.00	Car	1						
21/02/07	Home to Town Hall	6.30	9.00	Car	1						
26/02/07	Home to Town Hall	12.30	9.00	Car	1						
27/02/07	Home to Town Hall	1.30	4.00	Car	1						
28/02/07	Home to Reebok Stadium	8.30	1.15	Car	9						
28/02/07	Home to Town Hall	6.30	10.00	Car	1						
					18						

Deduct any amounts received by way of Travelling & Subsistence from any other Authorities or bodies on the above dates and give particulars

CLAIMS MUST BE SUBMITTED BY THE 2nd OF EACH MONTH TO GUARANTEE PAYMENT THAT MONTH.

They should be sent to Committee and Members Services for authorisation.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of March 2007

Name of Member Akhtar Zaman
(Block capitals please)

Pay No. [REDACTED]

Car (Make/Model) Mercedes C220

Registration No. [REDACTED]

Exact Cubic Capacity 2155 cc.

Home Address 131 Mayor St Bolton

DECLARATION:

(a) I declare that I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of the Bolton Metropolitan Borough Council; that I have actually paid the fares and made other payments shown on this form; and that the amounts claimed are strictly in accordance with the rates determined by Bolton Metropolitan Borough Council.

I declare that the particulars inserted on this form are correct. Except as shown, I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses or allowances, or financial loss allowance or attendance allowance in connection with the duties indicated on this form.

(b) I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business. (For Car Allowance claimants only)

Signed [REDACTED]

MEMBER

Date 30/03/07

Approved [REDACTED]

Date _____

FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	10	Details input onto Payroll system: By: Date:
Subsistence Allowance (Taxable)	:		+ 18	
Travel Reimbursement (e.g. Car Park, taxis)	:		-----	
Dependent Carer's Allowance	:		28	

Notes:

- * Subsistence Allowance is paid non-taxable providing it is linked to a journey more than 5 miles from the normal place of employment, AND you are away for more than 5 hours. In all other circumstances, the reimbursement will be subject to deduction of both Income Tax & National Insurance.

Please note that all Personal Details must be shown above and the form must be both signed and authorised.
If any details are missing, the form will be returned and payment therefore delayed.

