

HAYES

Claim for Reimbursement of PAID Subsistence & Travelling Expenses

Bolton Council

Name	Roger Hayes Cdr.	Pay No	[REDACTED]
Department		Section	Members Soc.

When submitting a claim for reimbursement which involves expenditure approved by a responsible officer, the claimant must attach the appropriate receipts, e.g. hotel bill. The person responsible for certifying the claim for payment should satisfy himself that the expenses are reasonable, and that prior approval has been obtained in appropriate cases.

Nature & Place of Business	LGA Conference
Dates & Times of Journey	3-6/7/07

CODE: CE [REDACTED] - [REDACTED] - 00000BN00000

Subsistence - Meals

Please give details

£

Overnight Provisions

✓ up ✓	Hotel Bill - 3 nights	315.00	✓

Travelling Expenses

(Petrol x) Car Parking	17.70 ✓ ✓	110.32

Other Expenses

17.70
315.00

332.70

Total Claim

425.32

315
17.70

332.70

I certify that I have necessarily incurred additional expenditure, relating to the above claim, in the course of performing an official duty, and I acknowledge receipt of the above mentioned sum.

igned	[REDACTED]	Date	6.2.07
pproved	[REDACTED]	Date	6.8.07

PLACE TICKET INSIDE WINDSCREEN WITH THIS
SIDE CLEARLY VISIBLE FROM THE OUTSIDE - SEE OVER
B/HAM CITY COUNCIL BRINDLE DRIVE 2

DEPARTURE TIME NOT TRANSFERABLE
DATE MONTH HOUR MINUTE FEE PAID
06 JUL 07 10:45 *****9:00

ARRIVAL TIME
05 JUL 10:45

8875029

SEE SIGNS FOR CLOSING TIMES

06 JUL 10:45 *****9:00

DATE MONTH HOUR MINUTE FEE PAID
DEPARTURE TIME

PLACE TICKET INSIDE WINDSCREEN WITH THIS
SIDE CLEARLY VISIBLE FROM THE OUTSIDE - SEE OVER
B/HAM CITY COUNCIL BRINDLE DRIVE 2

DEPARTURE TIME NOT TRANSFERABLE
DATE MONTH HOUR MINUTE FEE PAID
05 JUL 07 11:13 *****8:90

ARRIVAL TIME
04 JUL 11:14

8874935

SEE SIGNS FOR CLOSING TIMES

05 JUL 11:13 *****8:90

DATE MONTH HOUR MINUTE FEE PAID
DEPARTURE TIME

PLACE TICKET INSIDE WINDSCREEN WITH THIS
SIDE CLEARLY VISIBLE FROM THE OUTSIDE - SEE OVER
B/HAM CITY COUNCIL BRINDLE DRIVE 2

DEPARTURE TIME NOT TRANSFERABLE
DATE MONTH HOUR MINUTE FEE PAID
04 JUL 07 12:10 *****8:80

ARRIVAL TIME
03 JUL 12:11

8874841

SEE SIGNS FOR CLOSING TIMES

04 JUL 12:10 *****8:80

DATE MONTH HOUR MINUTE FEE PAID
DEPARTURE TIME



**COPTHORNE
HOTEL
BIRMINGHAM**

Mr Roger Hayes
4 Park Cottages, Smithills Dea
Bolton, BL1 6JP

Room No. : 442
Arrival : 03.07.07
Departure : 06.07.07
Cashier : 11/AR
Page : 1

INVOICE NO. 56-376545/1

Copthorne Birmingham, 06.07.07 09:33

Date	Description	Debit	Credit
03.07.	Room & Breakfast	105.00	
04.07.	Room & Breakfast	105.00	
05.07.	Room & Breakfast	105.00	
06.07.	XXXXXXXXXXXXXX XX/XX		315.00

Amount Due £0.00

VAT Breakdown

Net at 17.5%	£	268.09	
Net at 0.0%	£	0.00	
Total Amount Net	£	268.09	0305
VAT 17.5%	£	46.91	
TOTAL BILL STERLING		315.00	
TOTAL BILL EURO		523.00	

GRAND BILL £ 315.00
Amount Due £ 0.00

We trust your stay has been enjoyable and look forward to your return.
"Log onto www.millenniumhotels.co.uk to get your Best Rate Guarantee."

COPTHORNE BIRMINGHAM HOTEL

Paradise Circus, Birmingham B3 3HJ, England • T 0121 200 2727 • F 0121 200 1197

Registered Office: Copthorne Hotel (Birmingham) Limited, Victoria House, Victoria Road, Horley, Surrey RH6 7AF

Registered Number: 1816493 England and Wales. VAT Registration Number: GB 644 6995 88

www.millenniumhotels.com

HIGSON

DAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of April 20 07 Name of Member J. HIGSON Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) Citroen C5 Registration No. [REDACTED] Exact Cubic Capacity 2000 cc.
 Home Address 1 CAIRNORM DR. 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 30/4/07

Approved [REDACTED] Date _____

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

	Amount		Miles	
	£ : p			
* Subsistence Allowance	:	Normal Mileage	36.	Details input onto Payroll system:
Subsistence Allowance (Taxable)	:			By: CM
Travel Reimbursement (e.g. Car Park, taxis)	:			Date: 4.6.07
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.

HOLLICK

KAY

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of July 20 07

Name of Member ROSA KAY
(Block capitals please)

Pay No. [REDACTED]

Car (Make / Model) _____

Registration No. _____

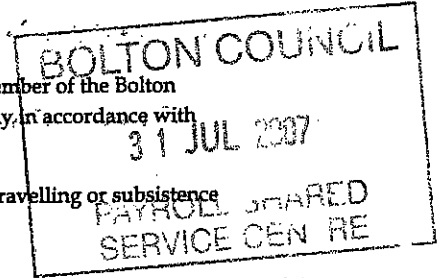
Exact Cubic Capacity _____ cc.

Home Address 34 EMMANUEL CLOSE, BOLTON, BL3 5BD

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.

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(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 26/07/07

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

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	
Subsistence Allowance <i>(Taxable)</i>	:		
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	<u>81 : 70</u>		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: CM

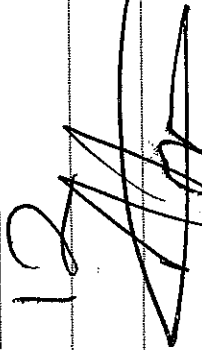
Date: 31.7.07

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.
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TAXI RECEIPT

Date _____
Amount 12.44
Signature 

We hope you enjoyed the journey.



Northern Rail
BOLTON 02

CUSTOMER COPY
Keep this copy for your records

Sales - see receipt £59.70
TOTAL £59.70

██████████ : **** *
PAN_Seq No : 00

AID : A0000000050001
Start : 2004-11-01
Expiry : 2007-11-30
Merchant No : 3847068
Auth code : 2314 ICC (Verified by PIN)
IID : 423153831

Please debit my account by £59.70

Date & Time of Transaction
14/07/2007 12:48:34 06987 HD6418 52 2599

Dial-a-Cab

OWNER DRIVERS RADIO TAXI SERVICE LIMITED
PICK UP FROM

Thank you for using Dial-a-Cab

020 7253 5000



CHARGES	AMOUNT
METER	
EXTRAS	
TOTAL CHARGES	
SIGNATURE 	

WHY NOT OPEN A CREDIT ACCOUNT

For details, phone 020 7251 0581
or write to: Dial-a-Cab
Brunswick House, 3-11 Brunswick Place, London N1 6DX

Receipt for a taxi journey, but not necessarily one undertaken by a driver on behalf of Dial-a-Cab.

LICENSED TAXI RECEIPT

Signature

[Handwritten Signature]

Amount

1750

Date

2/1/03

Huge savings on leisure and business fares from the country's No.1 flight retailer

Dial AFlight.com
0870-366-2171

Dial AFlight.com
0870-366-2171

Huge savings on leisure and business fares from the country's No.1 flight retailer

Amount 1750 Date 2/1/03

Signature *[Handwritten Signature]*

LICENSED TAXI RECEIPT

LORD

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MAY/JUNE 2007 Name of Member JAMES LORD Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) FORD MONDIEO Registration No. [REDACTED] Exact Cubic Capacity 1988 cc.
 Home Address 22, LINGFIELD CLOSE FARNWORTH

PAID

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 27.6.07
 Approved [REDACTED] Date _____

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

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	103	Details input onto Payroll system: By: <u>CM</u> Date: <u>3.7.07</u>
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.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of JULY / AUG 2007

Name of Member JAMES LORD

Pay No. [REDACTED]

Car (Make/Model) FORD MONDEO

(Block capitals please)

Registration No. [REDACTED]

Exact Cubic Capacity 1988 cc.

Home Address 22, LINGFIELD CLOSE FARWORTH

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 28.8.07

Approved [REDACTED]

Date _____

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

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	148
Subsistence Allowance (Taxable)	:		
Travel Reimbursement (e.g. Car Park, taxis)	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: S. Lenson

Date: 1 Sep month 6.

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.

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PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of SEP/OCT 20 07 Name of Member JAMES LORD Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) FORD MONDEO Registration No. [REDACTED] Exact Cubic Capacity 1988 cc.

Home Address 22, LINGFIELD CLOSE FARNWORTH

PAID

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 25.10.07

Approved [REDACTED] Date _____

BOLTON COUNCIL

29 OCT 2007

PAYROLL SHARED
OFFICE CENTRE

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

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

Details input onto Payroll system:

By: CM
Date: 30.10.07

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.

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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of OCT/NOV ~~SEP~~ 20 07 Name of Member JAMES LORD Pay No. [REDACTED]
(Block capitals please)
 Car (Make/Model) FORD MONDEO Registration No. [REDACTED] Exact Cubic Capacity 1988 cc.
 Home Address 22, LINGFELD CLOSE FARNWORTH

BOLTON
 30 NOV 2007
 PAYROLL SERVICE

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 29.11.07
 Approved [REDACTED] Date _____

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

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	103
Subsistence Allowance <small>(Taxable)</small>	:		
Travel Reimbursement <small>(e.g. Car Park, taxis)</small>	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: cm
 Date: 30.11.07

BOLTON COUNCIL
 30 NOV 2007
 PAYROLL SERVICE

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.
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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of JAN. 2008. Name of Member JAMES LORD Pay No. [REDACTED]

Car (Make / Model) FORD MONDEO Registration No. [REDACTED] Exact Cubic Capacity 1988 cc

Home Address 22, LINGFIELD CLOSE FARNWORTH

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 30.1.08

Approved [REDACTED] Date _____

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

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	111	Details input onto Payroll system: By: CM Date: 5.2.08
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.

MORRIS

PAID

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of April 20 07 Name of Member Clifford Morris Pay No. [REDACTED]
 (Block capitals please)
 Car (Make / Model) VW Golf Registration No. [REDACTED] Exact Cubic Capacity 3,000 cc.
 Home Address [REDACTED]

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	70	Details input onto Payroll system: By: CM Date: 3.5.07
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.

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

Members' Allowances Claim

BOLTON M...

Bolton Council

Name Councillor Cliff Morris	Home Address [REDACTED]	Pay No. [REDACTED]
Car Make/Model VW Golf	Registration [REDACTED]	Exact CC 3000
	Month	Sept-Nov 20

I certify that:-
 (a) (For Car Allowance claims only) I have actually and necessarily incurred the mileage claimed in accordance with the Council's scheme of Motor Car Allowances.
 (b) (For Car Allowance claims only) I am the holder of a full, current and valid driving licence and MOT certificate (where applicable), and I have complied with the Council's insurance requirements with regard to the use of my car on Council business.
 (c) (For Car Allowance claims only) I will retain VAT receipts covering all journeys for six years in order to comply with HMRC regulations.
 (d) I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of Bolton Council, I have actually paid the fares and made other payments shown on this form, and that all amounts claimed are strictly in accordance with the rates determined by Bolton Council.
 (e) 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.
 (f) The particulars inserted on this form are correct, and I understand that fraudulent claims may result in disciplinary action.

FOR MEMBERS' SERVICES USE ONLY

Subsistence T		Total Miles	226
Subsistence NT		For Payroll Use Only	
Expenses NT	8.83	Input by	CM
Carer's Allowance		Date	30.11.07

Signed [REDACTED] Member	Date
I certify that I have examined this allowance sheet, the figures recorded are reasonable, and the expense was necessary.	
Authorised [REDACTED] Members' Services	Date

Date	Reason for Journey (including From and To)	Time of		Miles Claimed	Subsistence Allowance	Fares and Other Expenses		Dependent Carers Allowance		
		Departure	Return			£	p	£	p	
27-Jul-2007	Home to AGMA Tamside (Dukinfield) and return	8:00	12:30	46	£	p	£	p	£	p
29-Jul-2007	Home to AGMA Stockport and return	8:00	12:30	30	£	p	£	p	£	p
31-Aug-2007	Home to AGMA Executive in Wigan and return	8:00	12:30	22	£	p	£	p	£	p
11-Sep-2007	Home to AGMA Leaders and SNR Meeting, Manchester and return	8:00	14:00	31	£	p	£	p	£	p
28-Sep-2007	Home to AGMA Executive in Swinton and return	8:00	13:00	22	£	p	£	p	£	p
12-Oct-2007	Home to MIDAS Board, Trafford Park and return	12:00	14:00	14	£	p	£	p	£	p
15-Oct-2007	Home to Executive Away Day (Anderton Centre, Chorley) and return	8:30	13:00	14	£	p	£	p	£	p
17-Nov-2007	AGMA Leaders Sub-Group on Governance, Manchester Town Hall	10:00	12:00	31	£	p	£	p	£	p
19-Nov-2007	Greater Manchester meeting on congestion charge	9:00	10:00		£	p	£	2.80 p	£	p
15-Nov-2007	Health Commission Pre-Meeting, Bury Town Hall	9:00	10:00	16	£	p	£	p	£	p
23-11-07	NW Carer Awards Ceremony	10:30	15:30		£	p	£	6.03 p	£	p
					£	p	£	p	£	p

Total Miles	226	Total Amount	£ 8.83	Total Amount	£ 2.80 p	Total Amount	£ 6.03 p
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Please only enter the number of miles. Do not calculate an amount for payment.

If you require more lines, please use a Members' Allowances Additional Sheet Number of Additional Sheets Used

PAY-M1 12.10.2007 All claims must be signed and authorised by Members' Services before payment can be made, and should be sent to
Payroll Shared Service Centre, 5th Floor, Paderborn House, Bolton BL1 1JW

Outlet Mall CarPark
 13AH Quays Road
 13AH Salford Quays
 Salford GB M6 298 9420 00

23/11/07 14:23
 t 006388

Short-term parking tkt
 36053
 Outlet Mall

10/07 10:10
 10/07 15:10
 10/07 04h55m
 .T.)

£6.03
 £6.03

£6.93
 £5.1
 £0.83

total
 .T. (17.5%)
 All amounts in GBP.
 Date=Receipt Date
 Thank You For Your Visit
 Please Drive Carefully



To
 MANCHESTER CTLZ

Route
 ANY PERMITTED

Validity
 ON DATE SHOWN

From
 BOLTON *

Valid until
 19·NOV·07

Price
 £2.80M

Class
 STD STD DAY SINGLE

Start Date
 19·NOV·07

Number
 35271

Disc
 002502599N53

Ticket type
 STD STD DAY SINGLE

Adult
 ONE

Child
 NIL

SGL

MURRAY

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MAY 20 07

Name of Member MADELINE MURRAY

Pay No.

(Block capitals please)

Car (Make / Model) V.W. POLO

Registration No.

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE LANE, HORWICH BL6 7JF

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 29.06.07

Approved

Date

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

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	48.	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.

PAID.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of JUNE 2007

Name of Member MADÉLINE MURRAY

Pay No. [REDACTED]

(Block capitals please)

Car (Make / Model) V.W. POLO

Registration No. [REDACTED]

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE LANE, HORWICH, BL6 7JF

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 29.06.07

Approved [REDACTED]

Date _____

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

	Amount £ : p		Miles	
* Subsistence Allowance	:	Normal Mileage	<u>99</u> <u>147</u>	Details input onto Payroll system: By: <u>cm</u> Date: <u>3.7.07</u>
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.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of JULY 2007

Name of Member M. MURRAY

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) VOL/W POLO

Registration No. [REDACTED]

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE LANE, HORWICH BL6 7JF

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 29.8.07

Approved [REDACTED]

Date _____

month 6 sc

PAID

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

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	179
Subsistence Allowance <i>(Taxable)</i>	:		
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: S. Carson

Date: 1st Sept month 6

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.
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BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of AUGUST 2007

Name of Member M. MURRAY

Pay No. [REDACTED]

(Block capitals please)

Car (Make / Model) VW POLO

Registration No. [REDACTED]

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE LANE HORWICH BL6 7JF

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 29.8.07

Approved [REDACTED]

Date _____

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

	Amount		Miles
	£ : p		
* Subsistence Allowance	:	Normal Mileage	135
Subsistence Allowance <i>(Taxable)</i>	:		
Travel Reimbursement <i>(e.g. Car Park, taxis)</i>	:		
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: S. Cowan

Date: 1 Sept month 6

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

PAID

Claim for Month of SEPTEMBER 20 07

Name of Member M. MURRAY

Pay No. [REDACTED]

(Block capitals please)

Car (Make/Model) VW POLO

Registration No. [REDACTED]

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE LANE, HORWICH, BL6 7JF

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 31/10/2007

Approved [REDACTED]

Date 31/10/07

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

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	158-
Subsistence Allowance (Taxable)	:		+ 159
Travel Reimbursement (e.g. Car Park, taxis)	:		<u>317</u>
Dependent Carer's Allowance	:		

Details input onto Payroll system:

By: CM

Date: 2.11.07

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.

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of OCTOBER 2007

Name of Member M. MURRAY

Pay No. [REDACTED]

(Block capitals please)

Car (Make / Model) VW POLO

Registration No. [REDACTED]

Exact Cubic Capacity 1.2 cc.

Home Address 224, LEE, CAXE, HORWICH BL6 7JF

PFD

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 31.10.2007

Approved [REDACTED]

Date 31/10/07

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

	Amount		Miles	
* Subsistence Allowance	£ : p	:	159.	Details input onto Payroll system: By: Date:
Subsistence Allowance <i>(Taxable)</i>	:	Normal Mileage		
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.

Members' Allowances Claim

Bolton Council

Name m.murray	Home Address 224,lee lane,Horwich BL6 7JY	Pay No. [REDACTED]
Car Make/Model VW POLO	Registration [REDACTED]	Exact CC 1200
		Month JANUARY 20 08

I certify that:-

- (a) (For Car Allowance claims only) I have actually and necessarily incurred the mileage claimed in accordance with the Council's scheme of Motor Car Allowances.
- (b) (For Car Allowance claims only) I am the holder of a full, current and valid driving licence and MOT certificate (where applicable), and I have complied with the Council's insurance requirements with regard to the use of my car on Council business.
- (c) (For Car Allowance claims only) I will retain VAT receipts covering all journeys for six years in order to comply with HMRC regulations.
- (d) I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of Bolton Council, I have actually paid the fares and made other payments shown on this form, and that all amounts claimed are strictly in accordance with the rates determined by Bolton Council.
- (e) 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.
- (f) The particulars inserted on this form are correct, and I understand that fraudulent claims may result in disciplinary action.

FOR MEMBERS' SERVICES USE ONLY

Subsistence T		Total Miles	304
Subsistence NT		For Payroll Use Only	
Expenses NT		Input by	CM
Carer's Allowance		Date	4.3.08

Signed [REDACTED] Member	Date 29.02.08
--------------------------	---------------

I certify that I have examined this allowance sheet, the figures recorded are reasonable, and the expense was necessary.

Authorised [REDACTED] Members' Services	Date
---	------

Date	Reason for Journey (including From and To)	Time of		Miles Claimed	Subsistence Allowance		Fares and Other Expenses		Dependent Carers Allowance	
		Departure	Return		£	p	£	p	£	p
10-Jan-2008	PLANNING&HIGHWAYS			12	£	p	£	p	£	p
14-Jan-2008	L.A.C.SCRUTINY PANEL+VULN.ADLT.SCRUT			12	£	p	£	p	£	p
15-Jan-2008	HEALTHOVERVIEW&SCRUTINY			12	£	p	£	p	£	p
16-Jan-2008	INFORMAL COUNCIL			12	£	p	£	p	£	p
17-Jan-2008	EXTERNAL ORGANISATION SCRUTINY			12	£	p	£	p	£	p
18-Jan-2008	DIRECTOR BRIEFING(K.DAVIES)			12	£	p	£	p	£	p
21-Jan-2008	CHLDRN SERVICES & SPORT P.D.G.			12	£	p	£	p	£	p
23-Jan-2008	SOUTH AREA FORUM			10	£	p	£	p	£	p
24-Jan-2008	C.A.M.(LEONARD ST CHLDNS CENTRE)			14	£	p	£	p	£	p
28-Jan-2008	FOSTERING PANEL(ENDEAVOR HOUSE)			14	£	p	£	p	£	p
29-Jan-2008	OSCI(CASTLE HILL)			16	£	p	£	p	£	p
					£	p	£	p	£	p

Total Miles

138

Total Amount	Total Amount	Total Amount
£ p	£ p	£ p

Please only enter the number of miles. Do not calculate an amount for payment.

If you require more lines, please use a Members' Allowances Additional Sheet

Number of Additional Sheets Used

0

PAY-M1 All claims must be signed and authorised by Members' Services before payment can be made, and should be sent to

12.10.2007

Payroll Share Service Centre, 5th Floor, Paderborn House, Bolton BL1 1JW

PEEL

BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of APRIL 20 07 Name of Member NICK PEEL Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) ROVER IMPRESSION Registration No. [REDACTED] Exact Cubic Capacity 1.4 cc.
 Home Address 45 BIRKDALE Gdns, BL3 5ES

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 18/6/07
 Approved [REDACTED] Date _____

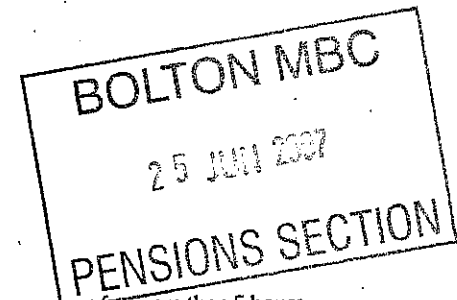
FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles
* Subsistence Allowance		Normal Mileage	18
Subsistence Allowance (Taxable)	16 - 21 6 - 77 ----- 22.98		+18 ----- 36
Travel Reimbursement (e.g. Car Park, taxis)			
Dependent Carer's Allowance			

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.


DHAU

Class **Ticket type** **Adult** **Child**
STD CHEAP DAY RTN **ONE** **NIL** **OUT**

Start Date **Number** **Disc** **Price**
02·APR·07 20101 002502599N53

From **Valid until** **Disc** **Price**
BOLTON * 02·APR·07 £2·65M

To **Route** **Validity**
MANCHESTER CTLZ ANY PERMITTED SEE RESTRICTIONS




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

Start Date **Number** **Disc** **Price**
05·APR·07 21377 002502599N53

From **Valid until** **Disc** **Price**
BOLTON * 05·APR·07 £4·65M

To **Route** **Validity**
MANCHESTER CTLZ ANY PERMITTED ON DATE SHOW




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

Start Date **Number** **Disc** **Price**
13·APR·07 24436 002502599N53

From **Valid until** **Disc** **Price**
BOLTON * 13·APR·07 £4·65M

To **Route** **Validity**
MANCHESTER CTLZ ANY PERMITTED ON DATE SHOW




Date	Details of incidental expenses claimed	£	p

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 overleaf; 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 overleaf.

(b) (For car allowance claimants only - delete if not applicable.)
I am the holder of a current driving licence and have adequate insurance cover for the use of my vehicle on Council business.

Date 18 June 20 07 Signature of Member 

NOTES

1. CONDITIONS AND METHOD OF CLAIM

(a) Claims should be completed to the end of the calendar month and submitted to Committee and Members Services.

(b) Notwithstanding (a) no claim can be paid where it is submitted more than two calendar months after the day of the specific duty has taken place.

Payment will be made by cheque/bank transfer credit each month.

2. TRAVELLING ALLOWANCES

(i) Rate for travel by public service shall not exceed lower available first class fare. Rail Travel Warrants, which are provided should be used whenever possible.

(ii) The following rates apply for motor car or tri-car where cylinder capacity:
 (a) not exceeding 999cc 32.5p a mile
 (b) exceeding 999cc but not exceeding 1199cc 36.3p a mile
 (c) exceeding 1199cc 44.8p a mile

(iii) Increase of 1.0p a mile of each passenger to whom travelling expenses would otherwise be payable for a maximum of four.
Rates for motor cycle travel are available on request. Mileage is to be calculated by reference to the shortest practicable route unless use of a motorway results in substantial saving of time details of which must be given.

3. SUBSISTENCE ALLOWANCES

For an absence not involving an absence overnight from the usual place of residence of four hours
 (a) the whole of which is before 11.00 a.m. (Breakfast Allowance) £4.77
 (b) which includes the whole of the period between 12 noon and 2.00 p.m. (Lunch Allowance) £6.57
 (c) which includes the whole of the period between 3.00 p.m. and 6.00 p.m. (Tea Allowance) £2.59
 (d) which extends beyond 7.00 p.m. (Evening Meal Allowance) £8.13

All rates of Subsistence Allowance are to be reduced by the appropriate amount (see above) in respect of any meal provided free of charge by the Authority or other body during the period to which the allowance relates. (Where a tea is provided the sum of £2.59 should be deducted from any claim for Evening Meal Allowance).

The rate of absence overnight from the usual place of residence covering a continuous period of 2 hours is not to exceed the sum of £77.43 with the proviso that for an absence in London or attendance at Annual Conference of the LGA (or such other body approved by the Secretary of State) the rate may be increased by a supplementary allowance not exceeding £10.88. These rates shall be reduced by the amount shown in 3(a) above in respect of any meal provided free of charge by an authority or other body during the period in which the allowance relates.

4. ATTENDANCE ALLOWANCE - GREATER MANCHESTER PASSENGER TRANSPORT AUTHORITY (GMPTA)

Standard rate of £32.50 per day.

FOR OFFICIAL USE ONLY									
Pay Ref				Expend Code	Job Code	Pay Code	£	p	Class
				Attendance Allowance	434 46 30	15200	21		2
				Subsistence Allowance (Taxable)	434 46 31	15200	22		2
				Subsistence Allowance	434 46 31	15200	22		6
				Travel Reimbursement	434 46 31	15200	25		6
				Travel Allowance	434 46 31	15200	26		6

Class

Ticket type

STD CHEAP DAY RTN

Adult

ONE

Child

NIL

OUT

Start Date

25·MAY·07

Number

45126

002502599N53

From

BOLTON *

To

MANCHESTER CTLZ

Valid until

25·MAY·07

Disc

Price

£2·65M

Route

ANY PERMITTED

Validity

SEE RESTRICTNS



BOLTON METROPOLITAN BOROUGH COUNCIL

MEMBERS ALLOWANCES CLAIM

Claim for Month of MAY 2007 Name of Member NICK PEEL Pay No. [REDACTED]
 (Block capitals please)
 Car (Make/Model) ROVER IMPRESSION Registration No. [REDACTED] Exact Cubic Capacity 1.4 cc.
 Home Address 45 BIRKDALE Gdns, BL3 5ES

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 [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 18/6/07
 Approved [REDACTED] Date _____

PAID

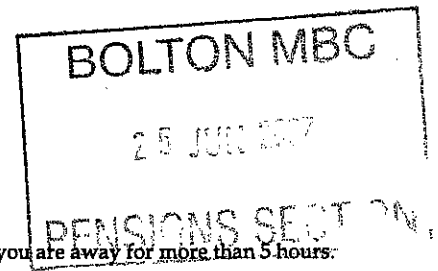
FOR OFFICIAL USE ONLY (Completed by Committee & Members Services)

	Amount £ : p		Miles
* Subsistence Allowance	:	Normal Mileage	18
Subsistence Allowance (Taxable)	16 : 21		
Travel Reimbursement (e.g. Car Park, taxis)	:		
Dependent Carer's Allowance	:		

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.

Form for Reimbursement of Subsistence & Travelling Expenses

PAID

Bolton Council

Name	CLLR. NICK PEEL.	Pay No	[REDACTED]
Department		Section	MEMBERS SEC.

When submitting a claim for reimbursement which involves expenditure approved by a responsible officer, the claimant must attach the appropriate receipts, e.g. hotel bill. The person responsible for certifying the claim for payment should satisfy himself that the expenses are reasonable, and that prior approval has been obtained in appropriate cases.

Nature & Place of Business	LGA Conference
Dates & Times of Journey	3-6/7/07.

CODE: CE [REDACTED] - [REDACTED] - 00000 BN 00000

Subsistence - Meals

Please give details

£

70
20
25

4/7 Meal	12.90

Overnight Provisions

204
20
25

Bed & Breakfast @ 105 x 2	210

222.90 ✓

Travelling Expenses

20

Taxis x 2 (104.30)	8.60

✓

Other Expenses

XXXXXXXXXX	XXXXXXXXXX

Total Claim

231.50

I certify that I have necessarily incurred additional expenditure, relating to the above claim, in the course of performing an official duty, and I acknowledge receipt of the above mentioned sum.

Signed	[Signature]	Date	6.8.07.
Approved	[Signature]	Date	6.8.07.



**COPTHORNE
HOTEL
BIRMINGHAM**

Cliff Nick Pees
~~Mr Cliff Morris~~
 45 Birkdale Gardens
 Bolton, BL3 5ES

Room No. : 441
 Arrival : 03.07.07
 Departure : 05.07.07
 Cashier : 11/AR
 Page : 1

INVOICE NO. 56-376429/1

Copthorne Birmingham, 05.07.07 10:25

Date	Description	Debit	Credit
03.07.	Room & Breakfast		
04.07.	Cafe Bar	105.00	
04.07.	Room & Breakfast	12.90	
05.07.	XXXXXXXXXXXXXX XX/XX	105.00	
			222.90

Amount Due £0.00

VAT Breakdown

Net at 17.5%	£	189.70	
Net at 0.0%	£	0.00	
Total Amount Net	£	189.70	0605
VAT 17.5%	£	33.20	
TOTAL BILL STERLING		222.90	
TOTAL BILL EURO		370.20	

GRAND BILL £ 222.90
 Amount Due £ 0.00

We trust your stay has been enjoyable and look forward to your return.
 "Log onto www.millenniumhotels.co.uk to get your Best Rate Guarantee."

COPTHORNE BIRMINGHAM HOTEL
 Paradise Circus, Birmingham B3 3HJ, England * T 0121 200 2727 * F 0121 200 1197
 Registered Office: Copthorne Hotel (Birmingham) Limited, Victoria House, Victoria Road, Horley, Surrey RH6 7AF.
 Registered Number: 1816493 England and Wales. VAT Registration Number: GB 644 6995 88
www.millenniumhotels.com

LOA TAXIS 0121 427 8888

Taxi Receipt

Date 23.10.12 Driver No.

Received £ 4.30 **WITH THANKS**

Signed *R. L. [Signature]*

www.loataxis.net

Printed by the company that prints

PAID

Members' Allowances Claim

BOLTON M...

Bolton Council

PAYROLL SECTION
BL3 5ES

Name	NICK PEEL	Home Address	45 BIRKDALE GONS	Pay No.	[REDACTED]
Car Make/Model	ROVER IMPRESSION	Registration	[REDACTED]	Exact CC	1.4
I certify that:-			Month	OCTOBER 20 07	

- (a) (For Car Allowance claims only) I have actually and necessarily incurred the mileage claimed in accordance with the Council's scheme of Motor Car Allowances.
- (b) (For Car Allowance claims only) I am the holder of a full, current and valid driving licence and MOT certificate (where applicable), and I have complied with the Council's insurance requirements with regard to the use of my car on Council business.
- (c) (For Car Allowance claims only) I will retain VAT receipts covering all journeys for six years in order to comply with HMRC regulations.
- (d) I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of Bolton Council, I have actually paid the fares and made other payments shown on this form, and that all amounts claimed are strictly in accordance with the rates determined by Bolton Council.
- (e) 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.
- (f) The particulars inserted on this form are correct, and I understand that fraudulent claims may result in disciplinary action.

FOR MEMBERS' SERVICES USE ONLY

Signed [REDACTED] Member Date 3/12/07

I certify that I have examined this allowance sheet, the figures recorded are reasonable, and the expense was necessary.

Authorised [REDACTED] Members' Services Date

Subsistence T		Total Miles	27
Subsistence NT	26.88	For Payroll Use Only	
Expenses NT		Input by	
Carer's Allowance		Date	

Date	Reason for Journey (including From and To)	Time of		Miles Claimed
		Departure	Return	
1/10	EXEC BRIEF + EXEC	1:00	4:30	2
3/10	GCS PD6	8:45	10:30	2
3/10	L.C.P (DONGE VIAN)	12:30	3:30	5
4/10	SITE VISITS + PLANNING COM	9:00	5:00	2
8/10	EXEC BRIEF/DTR PD6/FORUM MEMBERS	10:00	6:30	2
16/10	ENV. BRIEF	3:00	5:30	2
18/10	SITE VISITS + PLANNING	9:00	5:00	2
22/10	EXEC BRIEF + PLANNING WORKING PTY	10:00	3:30	2
23/10	ENV EXEC + BRIEF	1:30	6:30	2
24/10	COUNCIL	6:30	10:00	2
29/10	EXEC BRIEF + EXEC	1:00	4:00	2
31/10	SITE VISITS / ENV. PD6 / FORUM MEMBERS	10:00	6:45	2

Subsistence Allowance	Fares and Other Expenses	Dependent Carers Allowance
£ p	£ p	£ p
£ p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p
£ 6.72 p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p
£ p	£ p	£ p
£ 6.72 p	£ p	£ p

Please only enter the number of miles. Do not calculate an amount for payment.

Total Miles 27

Total Amount	Total Amount	Total Amount
£ p	£ p	£ p

If you require more lines, please use a Members' Allowances Additional Sheet

Number of Additional Sheets Used

PAY-M1
12.10.2007
All claims must be signed and authorised by Members' Services before payment can be made, and should be sent to Payroll Share Service Centre, 5th Floor, Paderborn House, Bolton BL1 1JW

month 9 SC

Members' Allowances Claim

BOLTON MBC

Bolton Council

Name	NICK PEEL	Home Address	45 BIRKDALE GARDENS	Pay No.	[REDACTED]
Car Make/Model	ROVER IMPRESSION	Registration	[REDACTED]	Exact CC	14
				Month	NOVEMBER 2007

I certify that:-

- (a) (For Car Allowance claims only) I have actually and necessarily incurred the mileage claimed in accordance with the Council's scheme of Motor Car Allowances.
- (b) (For Car Allowance claims only) I am the holder of a full, current and valid driving licence and MOT certificate (where applicable), and I have complied with the Council's insurance requirements with regard to the use of my car on Council business.
- (c) (For Car Allowance claims only) I will retain VAT receipts covering all journeys for six years in order to comply with HMRC regulations.
- (d) I have actually and necessarily incurred expenditure in travelling and subsistence for the purpose of enabling me to perform duties as a Member of Bolton Council, I have actually paid the fares and made other payments shown on this form, and that all amounts claimed are strictly in accordance with the rates determined by Bolton Council.
- (e) 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.
- (f) The particulars inserted on this form are correct, and I understand that fraudulent claims may result in disciplinary action.

FOR MEMBERS' SERVICES USE ONLY

Subsistence T		Total Miles	30
Subsistence NT		For Payroll Use Only	
Expenses NT		Input by	CM
Carer's Allowance		Date	31.12.07

Signed [REDACTED] Member Date 11/12/07

I certify that I have examined this allowance sheet, the figures recorded are reasonable, and the expense was necessary.

Authorised [REDACTED] Members' Services Date

Date	Reason for Journey (including From and To)	Time of		Miles Claimed
		Departure	Return	
1/11	SITE VISITS AND PLANNING (T:H)	9:00	5:00	2
8/11	C.G.S PDG/ENV BRIEF/ENV PDG	8:30	5:00	2
12/11	EXEC BRIEF	10:00	12:30	2
12/11	DTR PDG	2:30	5:00	2
14/11	NEIGHBOURHOOD PANEL (TONGE UKAN)	12:30	3:00	5
15/11	SITE VISITS + PLANNING	9:30	5:00	2
19/11	EXEC BRIEF/ENV. PDG/ENV. EXEC	10:00	5:30	2
21/11	AREA FORUM (TONGE UKAN)	6:00	8:30	5
22/11	ENV. BRIEF	3:30	6:00	2
26/11	CAR PARKING PDG/EXEC BRIEF/EXEC	10:30	4:30	2
28/11	ENV. SCRUTINY	5:30	8:00	2
29/11	SITE VISITS + PLANNING/ENV. BRIEF	9:00	6:30	2

Subsistence Allowance	Fares and Other Expenses	Dependent Carers Allowance
£✓ p	£✓ p	£ p
£✓ p	£✓ p	£ p
£ p	£✓ p	£ p
£ p	£✓ p	£ p
£ p	£✓ p	£ p
£ p	£✓ p	£ p
£✓ p	£✓ p	£ p
£ p	£✓ p	£ p
£ p	£✓ p	£ p
£✓ p	£✓ p	£ p

Total Miles 30

Total Amount	Total Amount	Total Amount
£ p	£ p	£ p

Please only enter the number of miles. Do not calculate an amount for payment.

If you require more lines, please use a Members' Allowances Additional Sheet

Number of Additional Sheets Used []

PAY-M1 All claims must be signed and authorised by Members' Services before payment can be made, and should be sent to

12.10.2007 Payroll Share Service Centre, 5th Floor, Paderborn House, F on BL1 1JW