## Member's Expenses Claim Form

Please complete both sides of this form using BLOCK CAPITALS. Claims should be submitted no later than two months from the date the expense was incurred. Please keep a copy of this form for your records.



Full Name and Title (Mr, Mrs, Ms, Miss, Dr etc)							
Personnel Number							
Tolonk	hono Numbor						
Telephone Number							
Period of Claim		From (dd/mm/yy):		To (dd/mm/yy):			
					<b></b>		
SUMMARY OF CLAIM					FC		USE ONLY
Total miles claimed (column A):							
	miles at 45p		£		WT 5535		£
-	miles at 25p (over 10,000)		£		WT 5560		£
	motorcycle miles at 24p		£		WT 5500		£
	cycle miles at 20p		£		WT 5500		£
passenger miles (col. B) at 5p		£		WT 5500		£	
	ny additional items:						1
Public transport/parking (column C)		£		WT 5500		£	
Subsistence (column D)		£		WT 5510/5515 (T)		£	
Other Expenses (column D)		£				£	
TOTAL AMOUNT CLAIMED		£		TOTAL T	O BE PAID	£	

## Notes for completing columns overleaf:

- A<sup>1</sup> The mileage claimed should normally be for the shortest distance between locations. A valid driving licence and insurance cover for business use are required. Please attach fuel receipts sufficient to cover the mileage on this claim.
- B<sup>2</sup> Please write the names of passengers in the Description of Approved Duty column.
- C <sup>3</sup> Show type of transport overleaf: T = Train, B = Bus, X = Taxi or minicab, P = parking and please attach receipts.
  D <sup>4</sup> When subsistence is claimed, enter the times of leaving and returning home. For other out-of-pocket expenses, provide a brief description and attach receipts. Please use the "Description of Approved Duty"
  - column for additional notes such as times of leaving and returning home and the brief description of out-of-pocket expenses.

## DECLARATION

I declare that the information contained on this form is accurate and that the expenditure claimed was actually and necessarily incurred for the purposes of performing my approved duties as a Member of Surrey County Council. I have not claimed these expenses from any other body.

Signature

Date

If you have any queries relating to your claim, please contact Democratic Services or Payroll Services. Completed forms should be returned to Democratic Services, Room 122, County Hall.

Date (dd/mm/yy)	<b>Description of Approved Duty</b> (reason for claim)	Start Location	Destination(s)	A <sup>1</sup> Miles claimed	B <sup>2</sup> Passenger miles claimed	C <sup>3</sup> Public transport and parking expenses Type £		D <sup>4</sup> Subsistence & other expenses £
								•
TOTALS (please transfer to front page of form)						£		£

Please see the notes on the front page for completing columns A to D