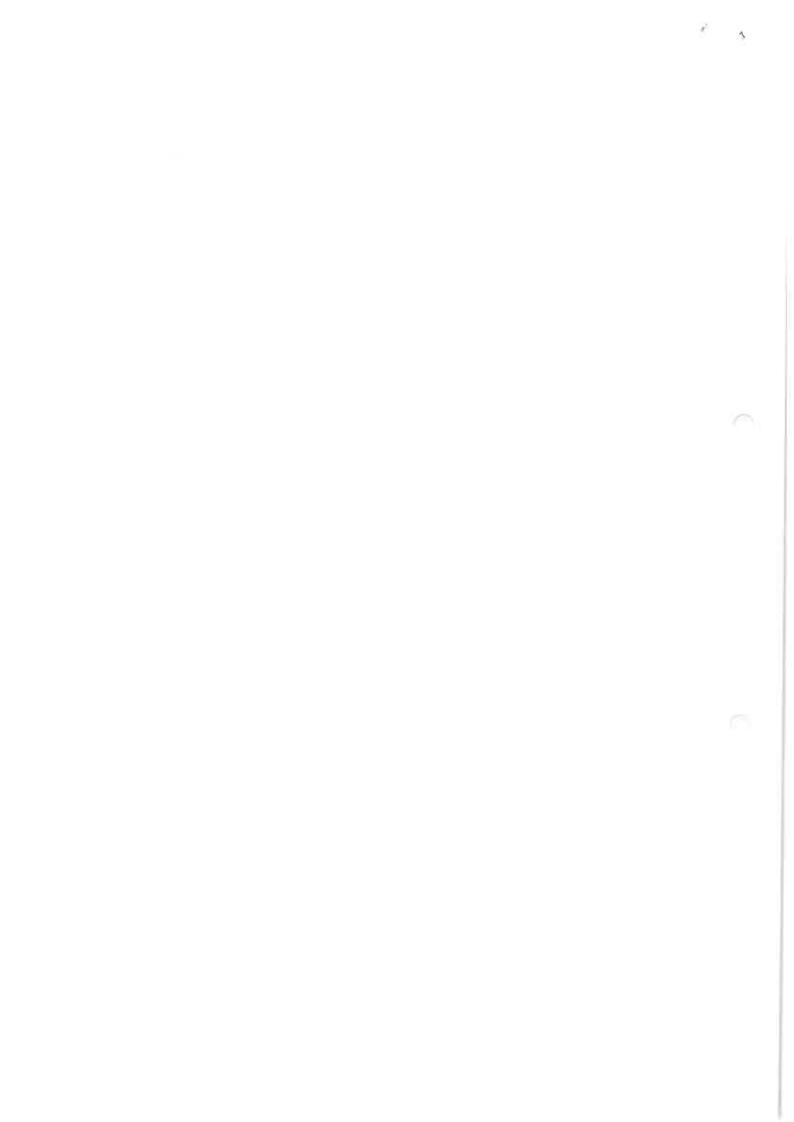
Please ensure all receipts are scanned and attached with the claim.

NAME OF OFFICE	R: Chrishawis	PAYROLL NUMBER					
Date	Description of Expenditure	Expenditure Code	Amount £ P				
14.10.15	1 day travel card to London	EC14 3610	54	P 0			
		no rece	pt				
				<u> </u>			
hereby certify that th	expenses claimed above is correct and have been incurred by myself whilst on	work business.					
Officer's Signature	To sales	Date: <u>2</u> 6	6/10/2015				
Certified Correct:		Date:	11/11/20	015			
haraha	OFFICIAL POSITION:						
nereby confirm that I am satisfied that all necessary checks have been undertaken and authorise payment as claimed.							



SHEPWAY DISTRICT COUNCIL EXPENSES CLAIM FORM

Please ensure all receipts are scanned and attached with the claim.

KAME OF OFFICER:	OFFISIONS.	_ PAYROLL NUMBER :		
Date	Description of Expenditure	Expenditure Code	Amount £	Р
13.11.15	Day Travel Card to London for meeting with Henry Boot	EC14 3610	54	0
16.11.15	Off Peak Return to London for meeting with ATLAS	EC14 3610	30	0
01.12.15	Day Travel Card to London (with H.S) RTPI Training Course	EC14 3610	61	20
02.12.15	Day Return Whitstable to Basingstoke. Meeting with AECOM	EC14 3610	77	90
07.12.15	Day Travel Card to London. Meeting with DCLG.	EC14 3610	54	0
	no receipts			
		TOTAL	277	10
			6.17	10)
Officer's Signature:	expenses claimed above is c <u>orrect and have been incurred by myself whilst on wo</u>		04/01/2016	
Certified Correct:		Date:	04/0	01/2016
I hereby confirm that I	OFFICIAL POSITION: am satisfied that all necessary checks have been undertaken and authorise	payment as claimed.		

