CAERPHILLY COUNTY BOROUGH COUNCIL - COUNCILLORS ALLOWANCES SCHEME		
		CARE ALLOWANCE
All claims to be con	npleted and subm	itted at the end of each calendar month
NAME OF MEMB	ER:	
ADDRESS:		
EMPLOYEE NO.:		
DATE	TIME	BRIEF DESCRIPTION OF DUTY UNDERTAKEN
		Total amount claimed for this period £
are correct and that I my duties as a Coun- understand that failu	I have incurred ne cillor. I agree to in tre to do so would r	outlined in the general application form previously presented to the then Head of Policy and Central Services ecessary cost in arranging care for my *child/dependant (*delete as appropriate) so that I can fully perform form the Council's Head of Performance and Policy of any change of circumstances relating to this claim and result in a breach of the Members Code of Conduct concerning the stewardship of public funds and will be cil's procedures. For those claiming within the category of "Dependant aged 15 or over" receipts must be
Signed:		Date:
Authorised:		Date:

COMPLETED FORMS SHOULD BE RETURNED TO THE COUNCIL'S HEAD OF PERFORMANCE AND POLICY