



Department of the  
**Environment**

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**Local Government Policy Division 1**

Chief Executive of each New Council

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Circular LG 28/2014 REFORM

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Our reference:

Date: 6 June 2014

Dear Chief Executive

As you will be aware, the Executive has agreed a funding package of £47.8 million to support the implementation of local government reform. As part of this package, the Executive has agreed to provide £5.2 million for new councils in shadow mode.

To assist each new council to meet some of the costs associated with the operation of the new councils during the shadow period, the Department is offering each new council funding up to a maximum amount as set out in Circular LG 04/2014.

This funding can be used for councillors' basic allowances, Special Responsibility Allowances, Dependant Carers' Allowance and Travel & Subsistence. It will be your responsibility to utilise this funding in the most effective way.

As always, it is essential that the funding is spent within the Department's guidance, which is attached. A complete audit trail will be required for this expenditure.

The funding in this offer relates to the period 26 May 2014 to 31 March 2015 (the shadow period). All claims for reimbursement must be made on the forms set out in Annex C and D of the attached guidance.

Please respond by Friday 27 June 2014 to indicate if you plan to avail of this funding.

It is hoped that this funding will assist new councils to meet some of the costs associated with the operation of the new councils during the shadow period.

Yours sincerely

**JEFF GLASS**

**Head of Finance**

**Enc**

cc. Ms Louise Mason, Chief Local Government Auditor  
Mr Rodney Allen, Director  
Chief Executives of District Councils  
Finance Officers, District Councils  
Change Managers, 26 District Councils  
Mr Kieran McMahon, DOE  
Mr Conor McGinn, DOE  
Mr Terry Curran, DOE

## ANNEX A

## CLAIM FORM FOR TRAVEL AND SUBSISTENCE

NAME OF THE NEW COUNCIL: .....

**COUNCILLOR'S NAME:** ..... **PAYROLL NO.:** .....

**PRIVATE VEHICLE REG NO.:** ..... **PERIOD END:** .....

Date	Depart	Arrive	Particulars of Journey Start : Destination : Finish	Description of Approved Duties	Mode and Class of Travel	Mileage Claimed	Other Travel Costs	Subsistence	Accommodation
			TOTAL						

\_\_\_\_\_ MILES @ \_\_\_\_\_ PER MILE =  
OTHER TRAVEL COSTS =  
SUBSISTENCE =  
TOTAL QUARTERLY CLAIM =

**DECLARATION**

I declare that:-

- I have necessarily incurred expenditure on travel and subsistence for the purpose of enabling me to perform the approved duties of the new council.
- I have actually paid the fares shown and all other amounts claimed are in accordance with rates approved by the new council.
- I have attached all necessary receipts in connection with Travel & Subsistence expenses claimed.
- I have not made, and will not make, any other claim under any enactment for Travel & Subsistence expenses in connection with the duties indicated in this form.
- The amounts claimed are strictly in accordance with the Local Government (Payments to Councillors) Regulations (Northern Ireland) 2012.
- Where I am claiming mileage expenses, I have a valid licence and appropriate motor insurance, which covers my vehicle being used for business purposes.
- Where I am a member of both the predecessor and new council, I confirm this claim is only for Travel & Subsistence relating to the work of the new council.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**ADMINISTRATIVE COUNCIL FINANCE USE ONLY**

**Checked By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorised By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **NOTES OF GUIDANCE FOR COMPLETION OF CLAIM FORM ANNEX A**

The claim form will provide the necessary documentation for Internal and External Audit.

To assist in completion of the form your attention is drawn to the following points:

### **1. DATE**

Please insert date for which expense item is claimed.

### **2. TIMES OF DEPARTURE/ARRIVAL**

Departure/arrival times should be entered for verification of amounts for subsistence where claims relate to overnight subsistence or meal costs, but not where claims relate only to travel.

### **3. PARTICULARS OF JOURNEY**

As meetings and approved duties are held at various locations, it is essential for the calculation of mileage that all locations visited are entered onto the claim form.

### **4. DETAILED DESCRIPTION OF APPROVED DUTY**

Clearly indicate which meeting you have attended or the relevant detail of the approved duty undertaken. Approved duties should indicate – attendance at a meeting of the council, a committee of the council, sub-committee of the council, joint committee, sub-committee of a joint committee or sub-group committee. In addition the doing of anything approved by a council or anything of a class so approved, for the purposes of, or in connection with, the discharge of the functions of the council, or any of its committees or sub-committees, or as the case may be, of the joint committee or any of its sub-committees.

### **5. MODE AND CLASS OF TRANSPORT**

It is essential for the calculation of mileage that the mode of transport – car, motorcycle, bicycle and passenger is entered onto the claim form.

### **6. PASSENGER MILES**

This calculation should be entered by calculating the number of miles travelled multiplied by the number of passengers e.g. 2 passengers times 30 miles = 60 passenger miles.

### **7. OTHER TRAVEL EXPENSES**

This column should be used to record claims for public transport, taxi and air fares and any other allowable travel expenses such as car parking for which a receipt is available.

### **8. SUBSISTENCE**

Subsistence relates to overnight accommodation and meals.

### **9. ACCOMMODATION DETAILS**

This column relates to claims for overnight accommodation with friends and family. These must include the address of the accommodation and the name(s) of the friends or family with whom you stayed.

## DEPENDANT CARERS' ALLOWANCE CLAIM FORM

Date care provided: \_\_\_\_\_

Approved duty covered: \_\_\_\_\_

Time from: \_\_\_\_\_

Time to: \_\_\_\_\_

Total hours: \_\_\_\_\_

Cost per hour: \_\_\_\_\_

Name of dependant: \_\_\_\_\_

Relationship to councillor: \_\_\_\_\_

Name of carer: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Signature of carer: \_\_\_\_\_

Declaration:

I declare that the above named provided a child carer/carers to me as detailed above in order that I could perform the approved duty stated.

Name of claimant: \_\_\_\_\_

Signature of claimant: \_\_\_\_\_

Date of claim: \_\_\_\_\_

**NB: Please note that the standard allowance is £6.31 per hour up to a maximum of £329 per month and specialist allowance is £12.62 per hour up to a maximum of £658 per month.**

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### ADMINISTRATIVE COUNCIL FINANCE USE ONLY

Checked By: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised By: \_\_\_\_\_

Date: \_\_\_\_\_

## Travel and Subsistence (T&S) and Dependant Carers' Allowance payments to councillors

Name of councillor	Amount of travel & subsistence paid/claimed in quarter 1/2/3/4	Amount of Dependant Carers' Allowance paid/claimed in quarter 1/2/3/4
TOTAL		

**Signed** \_\_\_\_\_

Date \_\_\_\_\_

## Annex D

## Basic Allowance and Special Responsibility Allowance payments to councillors

# Request for Reimbursement

Name of councillor	Payroll number	Amount of basic allowance paid / claimed in quarter 1/2/3/4	Amount of Special Responsibility Allowance paid/claimed in quarter 1/2/3/4
TOTAL			

**I confirm that all allowances paid to councillors and included in this reimbursement form were incurred for legitimate business purposes, that they were verified against all relevant supporting documentation, that they are paid in compliance with Departmental guidance and that related records have been retained and will be available for Departmental verification testing. For allowances paid to councillors that work in both new and existing councils, and included in this reimbursement form, I confirm that such payments only relate to new council work and not existing council work.**



**Signed** \_\_\_\_\_

*To be signed by Chief Financial Officer of the new council (or other officer designated by the Chief Financial Officer).*

Date \_\_\_\_\_