

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MAY..... 2011.

Name R. JAKEMAN.....



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
7	INTRODUCTORY SESSION	WYCHAVON	9.30 HOME	13.30 HOME	18	
12	GENERAL INTRODUCTORY SESSION	u	12.00 HOME	21.30 HOME	18	
17	COUNCIL MEETING	-	16.00 HOME	20.30 HOME	18	
18	PLANNING WITH WORCESTER CITY	COUNTY HALL	16.00 HOME	22.00 HOME	41	
19	PLANNING WITH WORCESTER CITY	u	16.00 HOME	22.00 HOME	41	
26	PLANNING COMMITTEE	WYCHAVON	09.05 HOME	20.00 HOME	18	
					154	
						£

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

