

MEMBERS ALLOWANCE CLAIM FORM

For the Month of September 2011

Name T. J. Noyes

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
27/9	FULL COUNCIL	RESIDENCE	4.30 Droitwich Spa	10.30 Droitwich	26	
28/9	CAB Meeting as WDC Rep.	Evesham	6.30 Droitwich Spa	9.30 Droitwich Spa	40	
29/9	PLANNING Policy Direction Form	RESIDENCE	5.30 Droitwich	8.30 Droitwich	26	
					92	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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