

MEMBERS ALLOWANCE CLAIM FORM

For the Month of ~~SEPTEMBER~~ ~~NOVEMBER~~ 20.13



good services, good value

Name B. M. PARMESTER

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
12/9	PLANNING COMM	WYCHAVON DC	BROADWAY 9-30 AM	BROADWAY 8-40 PM	25	
16/9	LOCALISM COMM	— —	BROADWAY 9 AM	BROADWAY 12-20 PM	25	
10/10	PLANNING COMM	— —	BROADWAY 9 AM	BROADWAY 7-55 PM	25	
25/10	GROW/SAVE/CHARGE	— —	BROADWAY 11-50 PM	BROADWAY 9-30 PM	25	
11/11	LOCALISM COMM	— —	BROADWAY 9-00 AM	BROADWAY 11-50 AM	25	
11/11	MEMBERS CONDUCT COMM	— —	BROADWAY 11-25 PM	BROADWAY 11 PM+	25	
					418	£

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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