## **MEMBERS ALLOWANCE CLAIM FORM**

**NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF** 

For the Month of November 201.2

Name GRAGAM BOSALES



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
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