

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of OCT / NOV / ..... 2013

Name MRS F S SMITH .....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
8/10/13	Hosc 2pm	County Hall Worcester	Evesham 1.15pm	Evesham 5.05pm	30	
15/10/13	Executive Board	Peshaw	Evesham 5.40pm	Evesham 7.40	13	
16/10/13	Hosc 2pm	County Hall Worcester	Evesham 1pm	Evesham 3.15pm	30	
26/10/13	Executive Board	Peshaw	Evesham 5.30	Evesham 9.40	13	
					86	
					miles @ 45p	£ 38-70

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

