

good services, good value

Name G. O' DONNELL

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
20/11	LICENSING COMMITTEE	WDC PORESIDE	HOME 1200	HOME 1500	16	

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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