

MEMBERS ALLOWANCE CLAIM FORM



For the Month of JAN 2013

Name Cllr MRS G NOYER

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>30/1</u>	<u>LICENSING</u>	<u>WDC RESIDENCE</u>	<u>D'NECH 5PM 1:15</u>	<u>D'NECH 5PM 4:15</u>	<u>26</u>	
					<u>26</u>	£

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