

MEMBERS ALLOWANCE CLAIM FORM

For the Month of August..... 2012

Name T. J. Noyes.....

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>14/8</u>	<u>PLANNING</u>	<u>WDC RESIDE</u>	<u>Home 9:15am</u>	<u>Home 9:00pm</u>	<u>26</u>	
<u>21/8</u>	<u>PROTICH MATTERS</u>	<u>-----</u>	<u>Home 5:45pm</u>	<u>Home 8:15pm</u>	<u>26</u>	
					<u>52</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