

MEMBERS ALLOWANCE CLAIM FORM

For the Month of OCT + NOV 2012

Name C. O' DONNELL

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
11/10	HOSC	Worce. C.C.	HOME 1245	HOME 1630	32	—
23/10	MEMBER. DEV. GROUP MTG.	W. D. C.	HOME 1715	HOME 1945	16	—
26/10	MTP MTG. WITH TOWN MGR.	W. D. C.	HOME 1100	HOME 1400	16	—
29/10	WYCHAVON AWARDS	W. D. C.	HOME 1130	HOME 1400	16	—
30/10	HOSC	Worce. C.C.	HOME 1300	HOME 1615	32	—
6/11	HOSC	Worce C.C.	HOME 1300	HOME 1630	32	—
8/11	MTG @ Broadway Children Centre	BROADWAY	HOME 1340	HOME 1530	12	—
21/11	WYCHAVON LSP	W. DC	HOME 0930			
21/11	LICENSING SUB COMMITTEE + Full COMM.	WDC		HOME 1600	16	
					172	—

c/fwd

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

