

MEMBERS ALLOWANCE CLAIM FORM

For the Month of 1st APRIL to 30th APRIL 20

Name RON DAVIS

Date	DUTIES Description	Place	ALLOWANCE CLAIMED				
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
4/13 4	SINCEG. MEETING.	COUNTY HALL	DEFFORD 1300	DEFFORD 1600	27	—	
9/13 4	SIOG TRAINING SESSION ONTO ECKINGTON APM	CIVIC CENTRE ECKINGTON	DEFFORD 1630	DEFFORD 2000	8 50	—	
10/4	EXEC BOARD BRIEFING.	CIVIC CENTRE	DEFFORD 0900	DEFFORD 1330	6	—	
16/4	HWB MEETING.	REDDITCH TOWN HALL	DEFFORD 1230	/	/	↑	
16/4	COUNCIL MEETING.	CIVIC CENTRE	/	DEFFORD 2045	52	2.50	
19/4	MEETING. P. LUFF MP.	/	DEFFORD 1300	DEFFORD 1700	6	—	
23/4	CONTRACT SERVICES & EXEC BOARD.	/	DEFFORD 1300	DEFFORD 2030	6	—	
30/4	SMAT. MEETING.	/	DEFFORD 0900	DEFFORD 1330	6	—	
Total						111	£ .

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF