

# MEMBERS ALLOWANCE CLAIM FORM



For the Month of 1st Oct to 31st 2013

Name RON DAVIS

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2/10	EXEC BOARD BRIEFING	CIVIC CENTRE	DEFFORD 0900	DEFFORD 1430	6	-
8/10	MEETING WITH - M.D + LEADER - HWIB	—	DEFFORD 0845	DEFFORD 1130	6	-
9/10	HWIB - DEVELOPMENT	COUNTY HALL	DEFFORD 1230	DEFFORD 1600	24	-
15/10	EXEC BOARD	CIVIC CENTRE	DEFFORD 1500	DEFFORD 1930	6	-
23/10	ON-LINE PLANNING -	—	DEFFORD 1700	DEFFORD 2015	6	-
24/10	GROW - SAVE - CHARGE WORKSHOP	—	DEFFORD 1630	DEFFORD 2100	6	-
29/10	H.P.C.	COUNTY HALL	DEFFORD 1300	DEFFORD 1645	24	-
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The front of this claim form will be available for members of the public to view  
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF