

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of MAY/JUNE..... 2012

Name MRS F.S. SMITH.....



| Date    | DUTIES<br>Description                            | Place    | ALLOWANCE CLAIMED         |                        |                    |                                     |
|---------|--|----------|---------------------------|------------------------|--------------------|-------------------------------------|
|         |  |          | Place & Time of Departure | Place & Time of Return | Return Car Mileage | Fares & Other Payments/ Subsistence |
| 1/5/12  | Overview & Scrutiny                              | Pershore | Evesham<br>4.30           | Evesham<br>8.30        | 13                 |                                     |
| 8/5/12  | Council  | "        | Evesham<br>5.30           | Evesham<br>8.45        | 13                 |                                     |
| 17/5/12 | Annual Council                                   | "        | Evesham<br>5.0pm          | Evesham                | 13                 |                                     |
| 29/5/12 | Executive Board                                  | "        | Evesham<br>5.40           | Evesham<br>8pm         | 13                 |                                     |
| 12/6/12 | Overview & Scrutiny                              | "        | Evesham<br>4.30           | Evesham<br>8.30        | 13                 |                                     |
| 20/6/12 | Standards Board Training<br>(Town/District Cllr) | "        | Evesham<br>6.30           | Evesham<br>8.30        | 13                 |                                     |
| 25/6/12 | localism mtg                                     | "        | Evesham<br>8.30am         | Evesham<br>10.15       | 13                 |                                     |
|         |  |          |                           |                        |                    |                                     |
|         |  |          |                           |                        |                    |                                     |
|         |  |          |                           |                        |                    |                                     |
|         |  |          |                           |                        | 91                 |                                     |

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