

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of APR - JUL..... 2013

Name LYNNE DUFFY

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
8.4	LOCALISM	WDC	HOME 9.00	HOME 2	30	
<del>16.4</del>	<del>COUNCIL</del>	<del>WDC</del>	<del>HOME 5.00</del>	<del>HOME 9</del>	<del>30</del>	<del>Apologies Sent</del>
<del>23.4</del>	<del>EXEC BOARD</del>	<del>"</del>	<del>HOME 4.00</del>	<del>HOME 8.30</del>	<del>30</del>	<del>no attendance</del>
24.4	APEST	"	HOME 2.30	HOME 6.00	30	
<del>7.5</del>	<del>OPS</del>	<del>"</del>	<del>HOME 5.30</del>	<del>HOME 8.00</del>	<del>30</del>	<del>no attendance</del>
14.5	COUNCIL	"	HOME 3.30	HOME 9.00	30	
16.5	PLANNING	"	HOME 1.30	HOME 6.00	30	
20.5	LOCALISM	"	HOME 9.00	HOME 1.00	30	
25.6	EXEC + COUNCIL	"	HOME 3.00	HOME 8.00	30	
16.7	COUNCIL	"	HOME 4.00	HOME 9.00	30	
					300	£

210  
252  
462 A

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