

MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of 1st July 2013

Name RON DAVIS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1/7 ¹³	EXEC BOARD MEETING	CIVIC CENTRE	DEFFORD 1600	DEFFORD 1815.	6	—
2/7 ¹³	LGA CONFERENCE	CIVIC CENTRE MANCHESTER	DEFFORD 0800	—	6	—
4/7	do	do	—	DEFFORD 1730	—	—
11/7 ¹³	S.W.E.E.G. — BOARD MEETING	EVESTHAM HOSPITAL	DEFFORD 1400	DEFFORD 1630	23	1-00
12/7	MEETING. P. MERRICK. J. TEAL & SHARON	CIVIC CENTRE	DEFFORD 0945	DEFFORD 1230	6	—
16/7	COUNCIL MEETING	—	DEFFORD 1430	DEFFORD 2100	6	—
17/7	EXEC BOARD BRIEFING	—	DEFFORD 0900	DEFFORD 1400	6	—
18/7	P.C.P. WORKSHOP	SHIREHALL GLOUCESTER	DEFFORD 0900	DEFFORD 1630	47	6-00
19/7	PUBLIC HEALTH- INTEGRATED CARE WORKSHOP	BRISTOL COUNCIL OFFICE	DEFFORD 0800	DEFFORD 2130	117	14-00
26/7	P.C.P. MEETING	HEREFORD C.C.	DEFFORD 1230	DEFFORD 1730	78	1-00

PAID £20.00
No Receipt

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

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