

MEMBERS ALLOWANCE CLAIM FORM

For the Month of DEC. 2013/14

Name RES. JAVEMAN



| Date | DUTIES | | ALLOWANCE CLAIMED | | | |
|-------|---------------------|----------|---------------------------|------------------------|--------------------|-------------------------------------|
| | Description | Place | Place & Time of Departure | Place & Time of Return | Return Car Mileage | Fares & Other Payments/ Subsistence |
| 5/12 | PARISH | WYCHAVON | | | 18 | |
| 17/12 | COUNCIL | ~ | | | 18 | |
| 7/1 | EX BOARD | ~ | | | 18 | |
| 9/1 | PLANNING | ~ | | | 18 | |
| 30/1 | S.W.D.P. & PLANNING | ~ | | | 18 | |
| 4/2 | EX BOARD | ~ | | | 18 | |
| 25/2 | COUNCIL | ~ | | | 18 | |
| 27/2 | PLANNING | ~ | | | 18 | |
| | | | | | | |
| | | | | | | |
| | | | | | 144 | £ |

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