

**MEMBERS ALLOWANCE CLAIM FORM**

For the Month of July..... 2014

Name G. O' DONNELL.....



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1/7	EXECUTIVE BOARD	WDC	HOME 1730	HOME 2015	16	
3/7	MEETING WITH DEVELOPER/SHAWN RILEY	WDC	HOME 0930	HOME 1200	16	
7/7	BRIEFING WITH JACK (O+S)	WDC	HOME 1400	HOME 1630	16	
14/7	O+S MEETING	WDC	HOME 1600	HOME 2130	16	
16/7	INTELLIGENCE AGENCY AWARDS	WDC	HOME 1700	HOME 2015	16	
23/7	W SP MTA.	WDC	HOME 0915	HOME 1400	16	
29/7	COUNCIL MEETING + CHAIRMAN BRIEFING	WDC	HOME 1500	HOME 2045	16	
31/7	LICENSING SUB COMMITTEE	WDC	HOME 1330	HOME 1515	16	
					128	£

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

*(Handwritten signature)*

**MEMBERS ALLOWANCE CLAIM FORM**

For the Month of JUNE 2014



Name G. O. DOWELL

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
9/6	MEETING WITH LEADER	WDC	HOME 1400	HOME 1615	16	
10/6	MEETING WITH DEVELOPER (IAN HARRIS) WARD WORK MEETING + EXEC BOARD	WDC	HOME 9.15	HOME 2040	16	
4/6	ST RICHARD'S HOSPICE OPENING OF EXTENSION	WORCESTER	HOME 1630	HOME 1915	34	
10/6	LTP BRIEFING	WDC	HOME 1230	HOME 1500	16	
17/6	OVERVIEW + SECURITY BRIEFING + MEETING	WDC	HOME 1600	HOME 2115	16	
23/6	LOCALISM PANEL MEET	WDC	HOME 0900	HOME 1315	16	
24/6	SPECIAL COUNCIL	WDC	HOME 1730	HOME 2100	16	
					130	

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

*[Handwritten signature]*