

MEMBERS ALLOWANCE CLAIM FORM

For the Month of 1st July to 31st 2014

Name Ron JAVIS



Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2014 1/7	BRIEFINGS & EXEC. BOARD	CIVIC CENTRE	DEFFORD 1530	DEFFORD 2000	6	-
7/7	ODS BRIEFING, PHILM - SHARON WIDRO'S TELECARE BOARD	WYCHAVON, INTE - MALVERN	DEFFORD 0845	DEFFORD 1615	33	-
10/7	W.T.C. INDUCTION	KIDDERMINSTER TCHG	DEFFORD 1400	DEFFORD 1800	58	-
15/7	ODS	WYCHAVON C.C.	DEFFORD 1700	DEFFORD 2100	6	-
16/7	LONDON - SEMINAR E. PICKLET	MINERVA HSE LONDON	DEFFORD 0615	DEFFORD 1950	23	28.80
29/7	VARIOUS - MEETINGS + FULL COUNCIL	CIVIC CENTRE	DEFFORD 1500	DEFFORD 2100	6	-
					132	28.80

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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